Exhibit 1



Service of Process Transmittal

06/11/2020

CT Log Number 537772942

TO: RACHAEL KLINSTIVER Kindred Healthcare, LLC

680 S 4TH ST

LOUISVILLE, KY 40202-2412

RE: Process Served in Tennessee

FOR: Kindred Hospitals Limited Partnership (Domestic State: DE)

ENCLOSED ARE COPIES OF LEGAL PROCESS RECEIVED BY THE STATUTORY AGENT OF THE ABOVE COMPANY AS FOLLOWS:

TITLE OF ACTION: Teresa Anne Joyner, as administratrix of the estate and on behalf of the wrongful

death beneficiaries of Lorraine Anthony, deceased, Pltf. vs. Kindred Hospitals

Limited Partnership, etc., Dft.

DOCUMENT(S) SERVED: -

COURT/AGENCY: None Specified

Case # 20C620

ON WHOM PROCESS WAS SERVED: C T Corporation System, Knoxville, TN

DATE AND HOUR OF SERVICE: By Certified Mail on 06/11/2020 postmarked on 06/08/2020

JURISDICTION SERVED: Tennessee

APPEARANCE OR ANSWER DUE: None Specified ATTORNEY(S) / SENDER(S): None Specified

ACTION ITEMS: CT has retained the current log, Retain Date: 06/11/2020, Expected Purge Date:

06/16/2020

Image SOP

Email Notification, RACHAEL KLINSTIVER rachael.klinstiver@kindred.com

SIGNED:C T Corporation SystemADDRESS:208 South LaSalle Street

Suite 814

Chicago, IL 60604

For Questions: 866-331-2303

CentralTeam1@wolterskluwer.com

Page 1 of 1 / SB

THE HOSSIS FIRM, FLLE 525 Fourth Ave. South Nashville, TN 37210 615-853-0930

CERTIFIED MAIL

Stamps

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Hamilton County

STATE OF TENNESSEE CIVIL SUMMONS

Case Number

200626

page 1 of 2

Teresa Anne Joyner, as administratrix of the estate and on behalf of the wrongful death beneficiaries of Lorraine Anthony, deceased v. Kindred Hospitals Limited Partnership d/b/a Kindred Hospital -

Chattanooga	. Killurea 1105pitais i	Limited Partnership d/b/a Kindre	2) -n
Served On: Kindred Hospitals <u>C/o Registered A</u> <u>Limited Partnership</u>	gent: CT Corporation Syste	em, 300 Montvue Road, Knoxville, TN 37919	JE: 556
You are hereby summoned to defend a civil action within thirty (30) days from the date this summon copy to the plaintiff's attorney at the address lister against you for the relief sought in the complaint. Issued: Complement	is is served upon you. You as d below. If you fail to defend Ben Miller of Higgins Firm, P	re directed to file your defense with the clerk of this action by the below date, judgment by defense Clerk / Deputy Clerk	the court and send a
NOTION TO THE DEFENDANT(S): Tennessee law proving from execution or seizure to satisfy a judgment. It listed in TCA § 26-2-301. If a judgment should be written list, under oath, of the items you wish to compose you thereafter as necessary; however, unless it is is issued prior to the filing of the list. Certain items wearing apparel (clothing) for your self and your Bible, and school books. Should any of these item right or how to exercise it, you may wish to seek to	ides a ten thousand dollar (\$1) The amount of the homestead be entered against you in this alaim as exempt with the clerk filed before the judgment becare automatically exempt by family and trunks or other recast be seized you would have	exemption depends upon your age and the other action and you wish to claim property as exempt to fine court. The list may be filed at any time somes final, it will not be effective as to any exellaw and do not need to be listed; these include it ceptacles necessary to contain such apparel, family the right to recover them. If you do not underst	r factors which are t, you must file a and may be changed by cution or garnishment tems of necessary illy portraits, the family
Mail list to,	Clerk,	County	
	CERTIFICATION (IF	APPLICABLE)	· -
I,, the original summons issued in this case.	Clerk of	County do certify this to be a tr	ue and correct copy of
Date:			
	Clerk / Deputy Cle	erk	
OFFICER'S RETURN: Please execute thi I certify that I have served this summons together	-		ided by law.
Date:	Ву:	Officer, Title	
RETURN ON SERVICE OF SUMMO	NS BY MAIL: I hereby	y certify and return that on	, I sent postage
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styled case, to the defendant	• •	•••	-
on	The return receipt is atta	ched to this original summons to be filed by the	Court Clerk.
Date:	Notary P	Public / Deputy Clerk (Comm. Expires)
ADA: If you need assistance or accommodations		e call .ADA Coordinator, at	

Hamilton County

STATE OF TENNESSEE CIVIL SUMMONS



page 2 of 2

Teresa Anne Joyner, as administratrix of the estate and on behalf of the wrongful death beneficiaries of Lorraine Anthony, deceased v. Kindred Hospitals Limited Partnership d/b/a Kindred Hospital - Chattanooga

		_
Signature of Plaintiff	Plaintiff's Attorney (or Person Authorized to Serve Process)	
	(Attach return receipt on back)	



Teresa Anne Joyner, as administratrix of the estate and on behalf of the wrongful death beneficiaries of Lorraine Anthony, deceased,

Plaintiff,

v.

Kindred Hospitals Limited Partnership d/b/a Kindred Hospital - Chattanooga,

Defendant.

Case No: 200020

COMPLAINT

Plaintiff, Teresa Anne Joyner, as administratrix of the estate and on behalf of the wrongful death beneficiaries of Lorraine Anthony, deceased, brings this cause of action against defendant, Kindred Hospitals Limited Partnership d/b/a Kindred Hospital - Chattanooga, as follows:

PARTIES

- 1. Teresa Anne Joyner is the administratrix of the estate of Lorraine Anthony and has standing to bring this action.
- 2. Kindred Hospitals Limited Partnership is, and at all times mentioned herein was, a Delaware company doing business in Hamilton County, Tennessee as Kindred Hospital Chattanooga. Defendant can be served with process through its registered agent, CT Corporation System, 300 Montvue Rd, Knoxville TN 37919-5546.

JURISDICTION AND VENUE

- A substantial part of the events or omissions giving rise to this cause of action accrued in Hamilton County, Tennessee, and jurisdiction and venue are therefore appropriate in this court.
- 4. Plaintiff gave notice to defendant of a potential claim at least sixty (60) days in advance of filing this complaint in conformity with the provisions of T.C.A. §29-26-121, as evidenced by the Affidavit of Service with Certificate of Mailing attached hereto as Exhibit A.
- 5. Pursuant to order of Tennessee Supreme Court, statutes of limitations and statutes of repose that would otherwise expire during the period from March 13, 2020 through May 31, 2020 are extended through June 5, 2020.
- 6. In the event defendant believes that Lorraine Anthony or someone on her behalf has entered into an agreement to arbitrate any issues between them, then pursuant to 9 USCS § 4 plaintiff demands a trial by jury to resolve all fact issues of whatever nature related to defendant's claims that a binding arbitration agreement was entered into that would require the submission of the claims raised in this complaint to an arbitrator.

DEFINITIONS

7. Whenever it is alleged that defendant did any act or failed to do any act, it is meant that the officers, employees, or agents of defendant performed, participated in or failed to perform or participate in such acts or things while in the course and scope of their employment or agency relationship with defendant.

FACTS

8. Mrs. Anthony was hospitalized at Kindred Hospital - Chattanooga from approximately April 19, 2019 until the date of her death, July 22, 2019.

9. At all times from April 19, 2019 through July 22, 2019, Kindred Hospital - Chattanooga held itself out to the public as providing medical services, Mrs. Anthony looked to Kindred Hospital - Chattanooga rather than to the individual healthcare providers to perform those services, and Mrs. Anthony accepted those services in the reasonable belief that the services were provided by Kindred Hospital - Chattanooga or its employees.

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- 10. Mrs. Anthony required assistance with her activities of daily living, even the most basic activities such as turning and repositioning and tracheostomy care. Defendant was aware of these conditions, or reasonably should have been aware, and was required to meet her needs or discharge her to an appropriate facility where her needs could be met.
- 11. Mrs. Anthony was at risk for developing and worsening pressure injuries.

 Defendant was aware of this condition, or reasonably should have been aware, and was required to meet her needs or discharge her to an appropriate facility where her needs could be met.
- 12. Defendant failed to develop and implement an effective plan for the prevention of developing and worsening pressure injuries.
- 13. Mrs. Anthony was at risk for c. Defendant was aware of this condition, or reasonably should have been aware, and was required to meet her needs or discharge her to an appropriate facility where her needs could be met.
- 14. Defendant failed to develop and implement an effective plan for the prevention of complications from her tracheostomy.
- 15. Defendant failed to implement a system to ensure that Mrs. Anthony was properly monitored and protected from acts of abuse and neglect.
- 16. Due to the inadequate care of defendant, Mrs. Anthony suffered injuries and harm which include, but are not limited to, the following:

- (a) Abuse and neglect;
- (b) Pressure ulcers;
- (c) Complications from her tracheostomy;
- (d) Delays in care;
- (e) Severe pain; and
- (f) Death.
- 17. The foregoing injuries are a direct and proximate result of the acts or omissions set forth herein, singularly or in combination. As a result of these injuries, Mrs. Anthony's health deteriorated, she required medical treatment, she suffered significant pain, and she died.

COUNT I – NEGLIGENCE PURSUANT TO THE TENNESSEE MEDICAL MALPRACTICE ACT, TENN. CODE ANN. §29-26-115, ET SEQ.

- 18. Defendant owed a duty to its patients, including Mrs. Anthony, to render care, services and treatment as a reasonably prudent and similarly situated hospital would render, including but not limited to, rendering care and services in a safe and beneficial manner.
- 19. Defendant owed a duty to assist its patients, including Mrs. Anthony, in attaining and maintaining the highest level of physical, mental and psychosocial well-being.
- 20. Defendant failed to meet that standard of care and violated its duty of care in its treatment of Mrs. Anthony through mistreatment, abuse and neglect. The medical negligence of defendant includes, but is not limited to, the following acts and omissions:
 - a. Failure to provide and ensure adequate nursing care plans, including necessary revisions, based upon the needs of Mrs. Anthony;
 - Failure to implement and ensure that an adequate nursing care plan for Mrs.
 Anthony was followed by nursing personnel;
 - c. Failure to provide timely medical intervention to Mrs. Anthony;

d. Failure to provide nursing personnel sufficient in number to ensure that Mrs. Anthony attained and maintained the highest level of physical, mental, and psychosocial well-being;

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- e. Failure to provide care and treatment to Mrs. Anthony in accordance with her physicians' orders;
- f. Failure to properly and timely notify Mrs. Anthony's attending physician of significant changes in Mrs. Anthony's physical condition;
- Failure to adequately and appropriately monitor Mrs. Anthony and recognize significant changes in her health status;
- Failure to provide treatment for persistent, unresolved problems relating to the care and physical condition of Mrs. Anthony, resulting in unnecessary pain, agony and suffering;
- Failure to provide timely and adequate nursing intervention to alleviate pain and suffering endured by Mrs. Anthony;
- j. Failure to maintain medical records on Mrs. Anthony that are complete, accurately documented, readily accessible, and systematically organized with respect to the diagnosis of Mrs. Anthony, the treatment of Mrs. Anthony, and the assessment and establishment of appropriate care plans for Mrs. Anthony.
- 21. A reasonably prudent hospital, operating under the same or similar conditions, would not have failed to provide the care listed above. Each of the foregoing acts of negligence on the part of defendant was a proximate cause of Mrs. Anthony's injuries. Mrs. Anthony's injuries were all foreseeable to defendant.

22. Defendant's conduct in breaching the duties it owed to Mrs. Anthony was negligent, grossly negligent, willful, wanton, malicious, reckless and/or intentional.

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- 23. The injuries herein described are a direct and proximate result of the acts or omissions as set forth above, singularly or in combination.
- 24. Defendant is both directly and vicariously liable to plaintiff under the theory of respondent superior for the acts or omissions of its employees and/or agents.
- 25. Plaintiff seeks compensatory and punitive damages in an amount to be determined by the jury, plus costs and any further relief to which she is entitled by law.

<u>COUNT II – GROSS NEGLIGENCE, WILLFUL, WANTON,</u> RECKLESS, MALICIOUS AND/OR INTENTIONAL MISCONDUCT

- 26. The longevity, scope and severity of defendant's failures and actions and its consciously indifferent actions with regard to the welfare and safety of helpless residents, such as Mrs. Anthony, constitutes gross negligence, willful, wanton, reckless, malicious and/or intentional misconduct as such terms are understood in law.
- 27. Such conduct was undertaken by defendant without regard to the health and safety consequences to those residents, such as Mrs. Anthony, entrusted to its care. Moreover, such conduct evinces such little regard for its duties of care, good faith, and fidelity owed to Mrs. Anthony as to raise a reasonable belief that the acts and omissions set forth above are the result of conscious indifference to Mrs. Anthony's rights and welfare.
- 28. As a direct and proximate result of the grossly negligent, willful, wanton, reckless, malicious and/or intentional misconduct of defendant, Mrs. Anthony suffered injuries, resulting treatment, severe pain and death.
- 29. Defendant is both directly and vicariously liable to plaintiff under the theory of respondent superior for the acts or omissions of its employees and/or agents.

30. Plaintiff seeks compensatory and punitive damages in an amount to be determined by a jury, plus costs, and other relief to which she is entitled by law.

PRAYER FOR RELIEF

Plaintiff prays for judgment against defendant as follows:

- A. For damages to be determined by the jury in an amount adequate to compensate plaintiff for all injuries and damages sustained;
 - B. For all general and special damages caused by the alleged conduct of defendant;
- C. For punitive damages sufficient to punish defendant for its egregious conduct and to deter defendant and others from repeating such atrocities;
 - D. For the costs of litigating this case;
 - E. For a jury to hear this case; and
 - F. For all other relief to which plaintiff is entitled under Tennessee law.

Respectfully Submitted,

THE HIGGINS FIRM, PLLC

/s/ Benjamin J. Miller

RICHARD D. PILIPONIS (#16249) BENJAMIN J. MILLER (#25575) CARLY MACMILLAN (#35827)

525 4th Ave S Nashville, TN 37210 (615) 353-0930 rdp@higginsfirm.com ben@higginsfirm.com carly@higginsfirm.com

Attorneys for Plaintiff

IN THE CIRCUIT COURT OF HAMILTON COUNTY, TENNESSEE

Teresa Anne Joyner, as administratrix of the estate and on behalf of the wrongful death beneficiaries of Lorraine Anthony, deceased,

Plaintiff,

s.

Case No:

Kindred Hospitals Limited Partnership d/b/a Kindred Hospital – Chattanooga,

Defendant.

AFFIDAVIT OF SERVICE WITH CERTIFICATE OF MAILING

STATE OF TENNESSEE }
COUNTY OF DAVIDSON }

In accordance with T.C.A. § 29-26-121, the undersigned attorney, having been duly sworn, states upon oath and affirmation as follows:

- That I am the attorney for the Plaintiff in this action and have personal knowledge
 of the facts contained herein.
- 2. On February 5, 2020, letters were sent via certified mail, return receipt requested, to Kindred Hospitals Limited Partnership d/b/a Kindred Hospital Chattanooga. A copy of the letter sent to each is attached along the time-stamped postal receipts evidencing this mailing.
- The specified notice was timely mailed and the attorney has complied with the §
 29-26-121.

In witness whereof, I have set my hand this the 4th day of June, 2020.

/s/ Benjamin J. Miller
Benjamin J. Miller, Affiant

Before me, Bianca Flury, a Notary Public in and for said State, personally appeared Benjamin J. Miller, known to me personally, who executed the foregoing document in my present as his free act and deed.

Notary Public

My commission expires: <u>03|08|202|</u>

[SEAL]

State
of
Tennessee
Notary
Public
Public
Son County
Son County
Son Expires that co

February 5, 2020

VIA CERTIFIED MAIL

Kindred Hospital - Chattanooga 709 Walnut Street Chattanooga, TN 37402-1916

Kindred Hospital - Chattanooga Attn. Administrator: Andrea White, CEO 709 Walnut Street Chattanooga, TN 37402-1916

Kindred Hospitals Limited Partnership d/b/a Kindred Hospital - Chattanooga 709 Walnut Street Chattanooga, TN 37402-1916

Kindred Hospitals Limited Partnership d/b/a Kindred Hospital - Chattanooga 680 South 4th Street Louisville, KY 40202-2407

Kindred Hospitals Limited Partnership d/b/a Kindred Hospital - Chattanooga 680 South Fourth St. One Vencor Place Louisville, KY 40202-2407

Kindred Hospitals Limited Partnership d/b/a Kindred Hospital - Chattanooga c/o Registered Agent: CT Corporation System 300 Montvue Rd. Knoxville. TN 37919-5546

Re:

Patient:

Lorraine Anthony

Date of Birth:

June 29, 1936

Claimant:

Teresa Anne Joyner, administratrix of the estate

of Lorraine Anthony, and on behalf of the surviving spouse and wrongful death

beneficiaries of Lorraine Anthony, deceased

4528 Wickers Pond Road

Vernon, FL 32462-3061
Relation to Patient: Daughter and Administratrix of the Estate

Page 2

To Whom It May Concern:

This office represents Teresa Anne Joyner, administratrix of the estate of Lorraine Anthony and on behalf of the wrongful death beneficiaries of Lorraine Anthony, and pursuant to Tenn. Code Ann. § 29-26-101, et seq. please consider this letter as notice that a potential healthcare liability claim exists against you arising out of your care and treatment of Lorraine Anthony.

Please also let this notice serve as a request for your records on Lorraine Anthony. Enclosed is an executed HIPAA compliant medical authorization permitting your release of these records to my office, along with documentation on authorization to sign the HIPAA. In the event your records are electronically stored, please provide a complete audit trail of the records.

Additionally, please find enclosed an executed HIPAA compliant medical authorization permitting you to obtain complete medical records from each other provider being sent a notice. A list of the providers to whom notice is being given pursuant to Tenn. Code Ann. § 29-26-121(a) is attached hereto. Lastly, enclosed is an executed authorization with a blank provider field. You are explicitly authorized to fill in the name of any provider from whom you wish to request records.

Ms. Joyner is willing to try to resolve this matter without the need for litigation, so if there is any such interest on your end please have your attorney or liability insurance carrier contact me as soon as possible. Otherwise I anticipate suit will be filed after the mandatory 60-day waiting period expires.

Sincerely,

THE HIGGINS FIRM, PLLC

Benjamin J. Miller

BJM/bif

Enclosures

List of Providers Receiving Notice pursuant to T.C.A. §29-26-101, et seq.

TriStar Centennial Medical Center 2300 Patterson Street Nashville, TN 37203-1538

TriStar Centennial Medical Center Attn. Administrator: Scott A. Cihak 2300 Patterson Street Nashville, TN 37203-1538

HCA Health Services of Tennessee, Inc. d/b/a TriStar Centennial Medical Center One Park Plaza
Nashville, TN 37203-6527

HCA Health Services of Tennessee, Inc. d/b/a TriStar Centennial Medical Center Attn.: Legal Dept. P.O. Box 750 Nashville, TN 37202-0750

HCA Health Services of Tennessee, Inc. d/b/a TriStar Centennial Medical Center c/o Registered Agent: CT Corporation System 300 Montvue Rd.
Knoxville, TN 37919-5546

Jennifer A. Johnson, MD TriStar Centennial Medical Center 2300 Patterson Street Nashville, TN 37203-1538

Jennifer A. Johnson, MD
TriStar Centennial Medical Center
c/o Scott A. Cihak
2300 Patterson Street
Nashville, TN 37203-1538

Kindred Hospital - Chattanooga 709 Walnut Street Chattanooga, TN 37402-1916

Kindred Hospital - Chattanooga Attn. Administrator: Andrea White, CEO 709 Walnut Street Chattanooga, TN 37402-1916 Kindred Hospitals Limited Partnership d/b/a Kindred Hospital - Chattanooga 709 Walnut Street Chattanooga, TN 37402-1916

Kindred Hospitals Limited Partnership d/b/a Kindred Hospital - Chattanooga 680 South 4th Street Louisville, KY 40202-2407

Kindred Hospitals Limited Partnership d/b/a Kindred Hospital - Chattanooga 680 South Fourth St. One Vencor Place Louisville, KY 40202-2407

Kindred Hospitals Limited Partnership d/b/a Kindred Hospital - Chattanooga c/o Registered Agent: CT Corporation System 300 Montvue Rd. Knoxville, TN 37919-5546

Charles T. Brice, MD Kindred Hospital - Chattanooga 709 Walnut Street Chattanooga, TN 37402-1916

Charles T. Brice, MD USA Medical Mall 979 E 3rd Street, Ste. 300 Chattanooga, TN 37403-2187

IN THE PROBATE COURT FOR MADISON COUNTY, TENNESSEE

ADD 4 DAG 4 DAG	TAMES A PROPERTY
DECEASED.	j <u> </u>
LORRAINE ANTHONY	CASE NO. 20-1805
in re:	

ORDER FOR APPOINTMENT OF ADMINISTRATRIX

This matter came to be heard on the 30th day of January, 2020 upon Petitioner Teresa Anne Joyner's verified Petition for Letters of Administration in the estate of Lorraine Anthony, who died intestate on July 22, 2019, a resident of Madison County, Tennessee. It appears from the evidence provided to the Court that Teresa Anne Joyner is an interested party as the daughter of the Decedent.

IT IS THEREFORE, ORDERED, ADJUDGED AND DECREED:

- (a) That Teresa Anne Joyner be appointed as the Administratrix;
- (b) That Letters of Administration issue to Personal Representative, Teresa Anne Joyner, of 4528 Wickers Pond Road, Vernon, Florida 32462;
- (c) That the requirements for bond is hereby reserved pending filing of inventory and further order of this court; inventory shall be filed within 60 days; accounting shall be submitted within 15 months and annually thereafter;
- (d) That the Bureau of TennCare be notified of these proceedings;
- (e) That Notice of Publication be commenced according to law;
- (f) For such other, further and general relief as the justice of this Petition may require.

ENTERED THIS 30 DAY OF 10 MUNICIPAL 2020.

HONORABLE JUDGE

APPROVED FOR ENTRY:

DONALD K. BYRD, BPR#033231

The Higgins Firm 525 Fourth Ave. S. Nashville, TN 37210 (615) 353-0930 don@higginsfirm.com

CERTIFICATE OF SERVICE

I hereby certify that a true and correct copy of the foregoing has been mailed via Us Mail, postage prepaid to the following on this 28th day of January, 2020.

Robert Anthony
Forest Cove: Nursing Home, Side 4, Room 549
Jackson, TN 38301

Teresa Anne Joyner 4528 Wickers Pond Road Vernon, FL 32462

Marc Christopher Anthony 4528 Wickers Pond Road Vernon, FL 32462

DONALDE RYPD

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CERTIFICATION OF VITAL RECORD	

# HIPAA COMPLIANT AUTHORIZATION FOR USE & DISCLOSURE OF INDIVIDUALLY IDENTIFY ABLE AND PROTECTED HEALTH INFORMATION ("HEALTH INDIVIDUALLY IDENTIFY ABLE AND PROTECTED HEALTH INFORMATION ("HEALTH INDIVIDUAL HEALTH INFORMATION")

INFORMATION	٠.
L PATIENT DENTIFICATION	
PRINTED NAME: LONGING Anthony.	
A TYPO DOD.	
DATE OF BURTH: OG 69 19 36 SOCIAL SECURITY NO.: 409-43-8	XQ
2. PERSONAL REPRESENTATIVE IDENTIFICATION	
PRINTED NAME: TRIESG. Anno JOUNEY RELATIONSHIP: DOUGNACY & Administration of Estate Address: 452 x Willers Pond Boad, Vernon, FL 32462	
RRI ATIONSHIP: "NO COMPANY OF EACH OF SHORE	
ADDRESS: 4528 William Pond Loud, Vernon, FL 334 (03)	_
3. PERSONS/ORGANIZATIONS AUTHORIZED TO DISCLOSE HEALTH INFORMATION:	
Kindred Hospital - Chattanooga	
709 Walnut Street, Chattanooga, TN 37402-1916	
709. Walnut Street, Chattanooga, 114. 57902-1510	_
4. HEALTH INRORMATION TO BE DISCLOSED Including records/documents received from an other inclin care or videra, therefore or counselors	Ÿ
FROM: All Records	<u></u>
hospital, nursing home, physician, health care providers including but not	
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Complete Emergency Medical Transport & Health Record Complete Autopsy Report, Autopsy Photographs & Taxicology Report	
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WITNESS AND/OR NOTARY PUBLIC

SHANA SLOAN AY COMMISSION # GO 347544 EXPIÑES: Juna 23, 2023

# HIPAA COMPLIANT AUTHORIZATION FOR USE & DISCLOSURE OF INDIVIDUALLY IDENTIFIABLE AND PROTECTED HEALTH INFORMATION (*HEALTH INFORMATION*

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I Authorise the dischessre and see of the Health Information described above to the following person(s) or organization(s): Kindred Hospital - Chattanooga

709 Walnut Street

Chattanooga, TN 37402-1916

- 8. BE-DISCI OSITER: I understand the information distincted by this Authorization may be employed to resure by the racipisats(s) and a lingar be protected by the Hackle linearance Portability and Associatability Act of 1996. The facilities, their employees, and efficers are hereby released from any light responsibility or lightly for disclosure of the above information to the attent indicated and authorized
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#### HIPAA COMPLIANT AUTHORIZATION FOR USE & DECLOSURE OF ENDIVIDUALLY IDENTIFIABLE AND PROTECTED HEALTH INFORMATION ("HEALTH ENDIVIDUALLY IDENTIFIABLE AND PROTECTED HEALTH INFORMATION ("HEALTH INFORMATION")

INFORMATION.
1. PATIENT IDENTIFICATION
PRINTED NAME: LONGLINE Anthony ADDRESS:
DATE OF BIRTH: OG 0911936 SOCIAL SECURITY NO.: 409-48-8568
1. PERSONAL REPRESENTATIVE IDENTIFICATION
PRINTED NAME TOPYSO Anne JOHNEY RELATIONSHIP: DOUGNACE & Administrative of Escate Address: 4528 Willers Food Board, Vernon, F7 324662
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3. FERSONSORGANIZATIONS AUTHORIZED TO DISCLOSE HEALTH INFORMATION:
Kindred Hospital - Chattanooga; Kindred Hospitals Limited Partnership d/b/a Kindred Hospital - Chattanooga; TriStar Centenn Medical Center: HCA Health Services of Tennessee; Inc. of line FriStar Centennial Medical Center: Jennifer A. Johnson. MD. TriStar Centennial Medical Center: Jennifer A. Johnson. MD. Jennifer A. Johnson. MD. Jennifer A. Johnson. MD. Jennifer
Centennial Medical Center: Charles T. Brice, MD. Kindred Hospital - Chattanoopa: and Charles T. Brice, MD. USA Medical Mal
4. HEALTH INFORMATION TO BE DISCLOSED Including records/documents received from any other health care providers, there is no connectors
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709 Walnut Street

Chattanooga, TN 37402-1916

- 6. BE-DISCLOSURE: I understand the information disclosed by this Authorization may be subject to redisclosure by the recipion(s), and a hugar be protected by the Realth Linuxance Portubility and Ascountability Act of 1996. The facilities, their employees and afficers are hereby released from any high responsibility or lightify for disclosure of the above information to the estimat indicated and authorized herefor
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- 10. RIGHTS & SIGNATURE OF PATIENT OR PERSONAL REPRESENTATIVE REQUESTING DISCLOSURE I understand that I do not have to step this Anthorization and that my treatment or payment for services will not be dealed if I do not sign this form unless specified above under Purpose of Request. I can import or copy the Health Information to be used or distlosed. I may me and receive a copy of this Anthorization. I authorize the health information specified above. The information I am requesting may be sent by U.S. mall corvices, expedited mail services (such as Redgest Express. "Folker, United Parcel Service "UPS", etc.) and/or electronic finelistic in accordance with the providers' finelistic policy. A decidable, photo static, carbon or other capits of this Anthorization are intended and shall be present as an original.

PRINTED NAME: FRESA HOWE JOYNER

IF SIGNED BY SOMEONE OTHER THAN PATIENT, INDICATE RELATIONSHIP: DOUGHT? Administrative authorization was signed by Jevesc Anne Johner who was identified by picture 1D. On this Joyner Day of Johner who was identified by picture 1D. On this Joyner Day of Joyner 20.

COMMISSION # 60 247544 EXPIRES: Jugo 23, 2023

COMPLETE THIS SECTION ON DELIVERY SENDER: COMPLETE THIS SECTION A. Signature: ( Addressee or Agent) In Ensure Items 1, 2, and 3 are completed. m Attach this card to the back of the malipiece, or on C. Date of Delivery the front if space permits. A: Received By: (Printed Name O. to delivery address different from its If YES, enter delivery address below 1. Article Addressed to: Kindred Hospital - Chattanooga 709 Walnut Street Chattanooga TN 37402-9916 2. Service Type Certified HallO 9490 9118 9956 1777 7360 37 2. Article Number (Transfer from service label) 9415 5118 9959 1777 7360 83 Domestic Return Receipt

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PS Form 3811 Facalmille, July 2015 (SDC 2936)

February 5, 2020

#### VIA CERTIFIED MAIL

Kindred Hospital - Chattanooga 709 Walnut Street Chattanooga, TN 37402-1916

Kindred Hospital - Chattanooga Attn. Administrator: Andrea White, CEO 709 Walnut Street Chattanooga, TN 37402-1916

Kindred Hospitals Limited Partnersh: pd/b/a Kindred Hospital - Chattanooga 709 Walnut Street
Chattanooga, TN 37402-1916

Kindred Hospitals Limited Partnership d/b/a Kindred Hospital - Chattanooga 680 South 4th Street Louisville, KY 40202-2407

Kindred Hospitals Limited Partnership d/b/a Kindred Hospital - Chattanooga 680 South Fourth St. One Vencor Place Louisville, KY 40202-2407

Kindred Hospitals Limited Partnership d/b/a Kindred Hospital - Chattanooga c/o Registered Agent: CT Corporation System 300 Montvue Rd. Knoxville, TN 37919-5546

Re: Patient: Lorraine Anthony
Date of Birth: June 29, 1936

Claimant: Teresa Anne Joyner, administratrix of the estate

of Lorraine Anthony, and on behalf of the surviving spouse and wrongful death beneficiaries of Lorraine Anthony, deceased

4528 Wickers Pond Road

Vernon, FL 32462-3061

Relation to Patient: Daughter and Administratrix of the Estate

525 Fourth Avenue South • Nashville, TN 37210 phone (615) 353-0930 • fax (888) 210-5883 • www.thehigginsfirm.com

#### Page 2

### To Whom It May Concern:

This office represents Teresa Anne Joyner, administratrix of the estate of Lorraine Anthony and on behalf of the wrongful death beneficiaries of Lorraine Anthony, and pursuant to Tenn. Code Ann. § 29-26-101, et seq. please consider this letter as notice that a potential healthcare liability claim exists against you arising out of your care and treatment of Lorraine Anthony.

Please also let this notice serve as a request for your records on Lorraine Anthony. Enclosed is an executed HIPAA compliant medical authorization permitting your release of these records to my office, along with documentation on authorization to sign the HIPAA. In the event your records are electronically stored, please provide a complete audit trail of the records.

Additionally, please find enclosed an executed HIPAA compliant medical authorization permitting you to obtain complete medical records from each other provider being sent a notice. A list of the providers to whom notice is being given pursuant to Tenn. Code Ann. § 29-26-121(a) is attached hereto. Lastly, enclosed is an executed authorization with a blank provider field. You are explicitly authorized to fill in the name of any provider from whom you wish to request records.

Ms. Joyner is willing to try to resolve this matter without the need for litigation, so if there is any such interest on your end please have your attorney or liability insurance carrier contact me as soon as possible. Otherwise I anticipate suit will be filed after the mandatory 60-day waiting period expires.

Sincerely,

THE HIGGINS FIRM, PLLC

Be<del>njamin</del> J. Miller

BJM/bif

**Enclosures** 

# List of Providers Receiving Notice pursuant to T.C.A. §29-26-101, et seq.

TriStar Centennial Medical Center 2300 Patterson Street Nashville, TN 37203-1538

TriStar Centennial Medical Center Attn. Administrator: Scott A. Cihak 2300 Patterson Street Nashville, TN 37203-1538

HCA Health Services of Tennessee, Inc. d/b/a TriStar Centennial Medical Center One Park Plaza Nashville, TN 37203-6527

HCA Health Services of Tennessee, Inc. d/b/a TriStar Centennial Medical Center Attn.: Legal Dept.
P.O. Box 750
Nashville, TN 37202-0750

HCA Health Services of Tennessee, Inc. d/b/a TriStar Centennial Medical Center c/o Registered Agent: CT Corporation System 300 Montvue Rd.
Knoxville, TN 37919-5546

Jennifer A. Johnson, MD TriStar Centennial Medical Center 2300 Patterson Street Nashville, TN 37203-1538

Jennifer A. Johnson, MD
TriStar Centennial Medical Center
c/o Scott A. Cihak
2300 Patterson Street
Nashville, TN 37203-1538

Kindred Hospital - Chattanooga 709 Walnut Street Chattanooga, TN 37402-1916

Kindred Hospital - Chattanooga Attn. Administrator: Andrea White, CEO 709 Walnut Street Chattanooga, TN 37402-1916 Kindred Hospitals Limited Partnership d/b/a Kindred Hospital - Chattanooga 709 Walnut Street Chattanooga, TN 37402-1916

Kindred Hospitals Limited Partnership d/b/a Kindred Hospital - Chattanooga 680 South 4th Street Louisville, KY 40202-2407

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Kindred Hospitals Limited Partnership d/b/a Kindred Hospital - Chattanooga c/o Registered Agent: CT Corporation System 300 Montvue Rd. Knoxville, TN 37919-5546

Charles T. Brice, MD Kindred Hospital - Chattanooga 709 Walnut Street Chattanooga, TN 37402-1916

Charles T. Brice, MD USA Medical Mall 979 E 3rd Street, Ste. 300 Chattanooga, TN 37403-2187

### IN THE PROBATE COURT FOR MADISON COUNTY, TENNESSEE

IN RE:	ļ
LORRAINE ANTHONY	CASE NO. 20-1801
DECEASED.	j <u>U-30-30-30</u>
ORDER FOR APPO	INTMENT OF ADMINISTRATRIX

This matter came to be heard on the 30th day of January, 2020 upon Petitioner Teresa Anne Joyner's verified Petition for Letters of Administration in the estate of Lorraine Anthony, who died intestate on July 22, 2019, a resident of Madison County, Tennessee. It appears from the evidence provided to the Court that Teresa Anne Joyner is an interested party as the daughter of the

# IT IS THEREFORE, ORDERED, ADJUDGED AND DECREED:

- (a) That Teresa Anne Joyner be appointed as the Administratrix;
- (b) That Letters of Administration issue to Personal Representative, Teresa Anne Joyner, of 4528 Wickers Pond Road, Vernon, Florida 32462;
- (c) That the requirements for bond is hereby reserved pending filing of inventory and further order of this court; inventory shall be filed within 60 days; accounting shall be submitted within 15 months and annually thereafter;
- (d) That the Bureau of TennCare be notified of these proceedings;
- (e) That Notice of Publication be commenced according to law;
- (f) For such other, further and general relief as the justice of this Petition may require.

ENTERED THIS 30 DAY OF A Con Labour. 2020.

Decedent.

HONORABLE JUDGE

# APPROVED FOR ENTRY:

DONALD K. BYRD, BPR#033231

The Higgins Firm 525 Fourth Ave. S. Nashville, TN 37210 (615) 353-0930 don@higginsfirm.com

# CERTIFICATE OF SERVICE

I hereby certify that a true and correct copy of the foregoing has been mailed via Us Mail, postage prepaid to the following on this 28th day of January, 2020.

Robert Anthony
Forest Cove Nursing Home, Side 4, Room 549
Jackson, TN 38301

Teresa Anne Joyner 4528 Wickers Pond Road Vernon, FL 32462

Marc Christopher Anthony 4528 Wickers Pond Road Vemon, FL 32462

DONALD K. BYRD

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# HÏPAA COMPLIANT AUTHORIZATION FOR USE & DESCLOSURE OF INDIVIDUALLY IDENTIFIABLE AND PROTECTED HEALTH INFORMATION ("HEALTH

INFORMATION"	
1. PATIENT IDENTIFICATION	
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ADDRESS: DATE OF BIRTH: OG/09/19/3/6 SOCIAL SECURITY NO.: 409-48-25	ζ
2. PERSONAL REPRESENTATIVE IDENTIFICATION	
PRINTED NAME: TOUSG ANNO JOUNEY	_
ADDRESS: 4528 Wicker Food Boad, Vertico, F. 334 663	_
3. PERSONSORGANIZATIONS AUTHORIZED TO DISCLOSE HEALTH INFORMATION:	
Kindred Hospital - Chattanooga, Attn. Administrator: Andrea White, CEO 709 Walnut Street; Chattanooga, TN 37402-1916	_
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525 LHA Ave. South, Nushville, TN 37210 dischance by the successions of the intermediate of the special by this Authorization may be subject to re-dischance by the successions (s) and no longer be protected by the Health Interpret Portability and Assumatibility Act of 1996. The friedlines, their employees, and efficient are hereby released from any legal responsibility or liability for disclosure of the above information to the extent indicated and authorized beyon. 9. TYME LIGHT & RIGHT TO REVOKE AUTHORIZATION; Except to the extent that action has already n taken in reliance on this Angler testion, I anderstand this Authorization is voluntary and that I may revalue it at any time by intensiting a motion in writing to the Record Castellan or organization(s) providing the health information. Unless revoked, this Authorization will expire at the occurrence of the following event, final conclusion of the neutline civil care. 10. PROFITS A SIGNATURE OF PATIENT OR PERSONAL REPRESENTATIVE REQUISITING DIECLOSURE: I understand that I do not have to sign this Authorization and that my treatment or payment for convicus will not be decided if I do not sign this form unless specified above under Purpose of Request. I can Support or says the Health Information to be used or disclosed. I may me and receive a copy of this extendion. I authorize the herein samed person and/ar arguidantion to disclose the Health Information specified above. The infermation I am requisiting may be sent by U.S. mail services, expedited mail services (such as Rederal Express "Fedfer", United Parcel Service "UPS", etc.) and/or electronic facultule in accordance with the providers' fundamis policy. A fundamic, photo static, carbon or other copies of this Actionisation are intended and shall be treated as an original. SIGNATURE PRINTED NAME: IF EIGNED BY SOMEONE OTHER THAN PATIENT, INDICATE RELATIONSHIP. DOUGHTON & HUMINISHICHY THIS AUTHORIZATION WAS SIGNED BY TEYESO HYNG JOUNEY

WITNESS AND/OR NOTARY PUBLIC

IMENTIFIED BY PICTURE LD. ON THIS

SHANA SLDAN MY COMMISSION # GQ 241544 EXPIRES: June 23, 2022

# HIPAA COMPLIANT AUTHORIZATION FOR USE & DISCLOSURE OF ENDIVIOUALLY IDENTIFIABLE AND PROTECTED HEALTH INFORMATION ("HEALTH INFORMATION"

INFORMATION"	_
1, PATIENT IDENTIFICATION	
PRINTED NAME: LONGLINE Anthony	_
ADDRESS: DATE OF BIRTH: OG A 9 1936, SOCIAL SECURITY NO.: 409 = 40 = 300	Ö
2. PERSONAL REPRESENTATIVE IDENTIFICATION	
PRINTED NAME: TEVESO JOUGE	_
PRINTED NAME: TRYESCITOLOPE RELATIONSHIP: DOUGNARY & Administrative of Estate ADDRESS: 4528 Willes Pond Road, Vernon, EL 63462	-
3. PERSONEOURGANIZATIONS AUTHORIZED TO DISCLOSE HEALTH INFORMATION:	
4. HEALTH INFORMATION TO BE DISCLOSED Including spearch/documents received from this	
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Mospital, Nursing Home, Physician, Health Care providers including but not Limited to:	
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- THE POLLOWING RECORDS: DRUG AND/OR ALCOHOL ABUSE, AND/OR PSYCHIATRIC, AND/OR HIVATOS RECORDS.
- 6. PURPOSE OF DISCLOSURE/USE: CIVIL LITIGATION
- 7. TO WHOM AND WHERE TO SEND DISCLOSED HEALTH INFORMATION: ure and use of the Health Information described shows to the following person(s) or reantizatente): Kindred Hospital - Chattanooga, Attn. Administrator: Andrea White. CEO 709 Walnut Street
- Chattanooga, TN 37402-1916 8. RE-DISCLOSTIRE: I anderstand the information distinted by this Authorization may be subject to sedischange by the reciplents(s) and an longer be predected by the Haalth Innurance Fortability and Accountability Act of 1996. The facilities, their employees, and efficient are hereby released from any light responsibility or lightly for disclosure of the above information to the extent to the e
- 9. THAT LAMIT & RICHT TO REVOKE AUTHORIZATION: Except to the extent that action has absent been taken in reflamet on this Application, I emperimed this Authorization is voluntary and that I may revoke it at any time by emperiting a motion in writing to the Record Controller or organization(s) providing the health information. Unless revoked, this Application will expire at the occurrence of the following cinent: flant conclusion of the sendist civil care.
- 10. RIGHTS & SIGNATURE OF PATIENT OR PERSONAL REPRESENTATIVE REQUISITING DISCLOSURE I understand that I do not have to digit this Authorization and that my treatment or payment erlois will not be denied if I de not elem this form unless specified above under Purpose of Region I can et or copy the Realth Information to be used or disclosed. I may me and receive a copy of this arization. I authorize the here. manual person and/or organization to distince the Health Information specified above. The highestation I am requesting may be sout by U.S. until survices, expedited until services (such as Federal Regress "Federa", United Parcel Service "UFS", etc.) and/or electronic liceballs in accordince with the providers' faccinally policy. A faccinally photo static, carbon or other sights of this Authoritistics are integrated and shall be prested as an original.

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EXPIRES: June 21, 2023

# HIPAA COMPLIANT AUTHORIZATION FOR USE & DISCLOSURE OF ENDIVIDUALLY IDENTIFIABLE AND PROTECTED HEALTH INFORMATION ("HEALTH DIFORMATION")

INFORMATION
1. PATIENT IDENTIFICATION
PRINTED NAME: LONGING Anthony Appress:
DATE OF BIRTH: OG 189 19 66 SOCIAL SECURITY NO.: 409-48-8508
2. PERSONAL REPRESENTATIVE IDENTIFICATION
PRINTED NAME: TENSO ANNO JOUNEY
PRINTED NAME TRIVER ANNO JOLINEY RELATIONSHIP: DOUGNAGE & Administrative of Estate ADDRESS: 452 & Wisters: Pond Bond, Vernon, FL 33463
3. PYRSONS ORGANIZATIONS AUTHORIZED TO DISCLOSE REALTH INFORMATION:
Kindred Hospital - Chattanooga; Kindred Hospitals Limited Partnership d/b/a Kindred Hospital - Chattanooga; TriStar Center Medical Center HCA Health Services of Tennessee, Inc. d/b/a TriStar Centennial Medical Center Jennifer A. Johnson, MD, Tr
Centennial Medical Center Charles T. Brice, MD. Kindred Hospital - Chattanoosa and Charles T. Brice, MD. USA Medical Medical Center Charles T. Brice, MD. USA Medical Medical Contents of the Content of
4. HEALTH INFORMATION TO BE DISCLOSED Including records/documents received from any other health care providing thereman, or countelors
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Photos/Videos/Digital Images
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Complete Billing Record including an Iteration Statement

5. Thus Authorization is not to be construed as My consent to release any of the Bollowing Records: Daily Andron Alecohol. Abuse, Andron Psychiatric, Andron Hyllands Records.

- 6. PURPOSE OF DISCLOSURE/USE: CIVIL LITIGATION
- 7. TO WHOM AND WHERE TO SEND DISCLUSED HEALTH INFORMATION:

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  Kindred Hospital Chattanooga, Attn. Administrator: Andrea White, CEO

  709 Walnut Street
- Chattanooga, TN 37402-1916

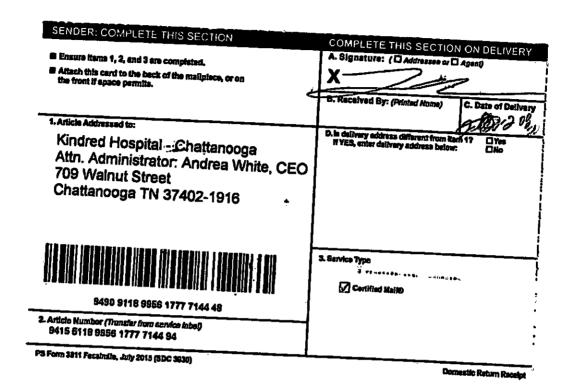
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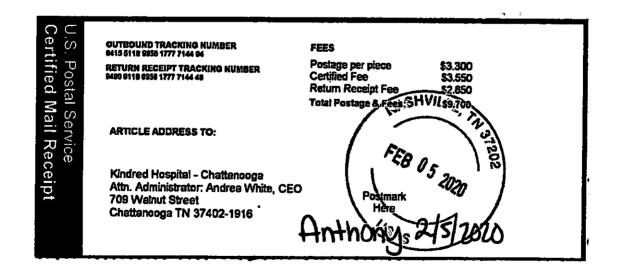
PRINTED NAME: FRESA HUNE JOYACE

IF SIGNED BY SOMEONE OTHER THAN PATIENT, INDICATE RELATIONSHIP: DUCKHEY 2 Administration was signed by Teyesg, Anne Jounes who was identified by Picture Ld. on this Day of Saggar, 20 20.

SHANA SLOAM

EXPIRES: June 23, 2023





February 5, 2020

#### VIA CERTIFIED MAIL

Kindred Hospital - Chattanooga 709 Walnut Street Chattanooga, TN 37402-1916

Kindred Hospital - Chattanooga Attn. Administrator: Andrea White, CEO 709 Walnut Street Chattanooga, TN 37402-1916

Kindred Hospitals Limited Partnership d/b/a Kindred Hospital - Chattanooga 709 Walnut Street Chattanooga, TN 37402-1916

Kindred Hospitals Limited Partnership d/b/a Kindred Hospital - Chattanooga 680 South 4th Street Louisville, KY 40202-2407

Kindred Hospitals Limited Partnership d/b/a Kindred Hospital - Chattanooga 680 South Fourth St. One Vencor Place Louisville, KY 40202-2407

Kindred Hospitals Limited Partnership d/b/a Kindred Hospital - Chattanooga c/o Registered Agent: CT Corporation System 300 Montvue Rd. Knoxville, TN 37919-5546

Re:

Patient:

Lorraine Anthony

Date of Birth:

June 29, 1936

Claimant:

Teresa Anne Joyner, administratrix of the estate

of Lorraine Anthony, and on behalf of the surviving spouse and wrongful death

beneficiaries of Lorraine Anthony, deceased

4528 Wickers Pond Road Vernon, FL 32462-3061

Relation to Patient: Daughter and Administratrix of the Estate

525 Fourth Avenue South • Nashville, TN 37210 phone (615) 353-0930 • fax (888) 210-5883 • www.thehigginsfirm.com

#### Page 2

#### To Whom It May Concern:

This office represents Teresa Anne Joyner, administratrix of the estate of Lorraine Anthony and on behalf of the wrongful death beneficiaries of Lorraine Anthony, and pursuant to Tenn. Code Ann. § 29-26-101, et seq. please consider this letter as notice that a potential healthcare liability claim exists against you arising out of your care and treatment of Lorraine Anthony.

Please also let this notice serve as a request for your records on Lorraine Anthony. Enclosed is an executed HIPAA compliant medical authorization permitting your release of these records to my office, along with documentation on authorization to sign the HIPAA. In the event your records are electronically stored, please provide a complete audit trail of the records.

Additionally, please find enclosed an executed HIPAA compliant medical authorization permitting you to obtain complete medical records from each other provider being sent a notice. A list of the providers to whom notice is being given pursuant to Tenn. Code Ann. § 29-26-121(a) is attached hereto. Lastly, enclosed is an executed authorization with a blank provider field. You are explicitly authorized to fill in the name of any provider from whom you wish to request records.

Ms. Joyner is willing to try to resolve this matter without the need for litigation, so if there is any such interest on your end please have your attorney or liability insurance carrier contact me as soon as possible. Otherwise I anticipate suit will be filed after the mandatory 60-day waiting period expires.

Sincerely,

THE HUGGINS FIRM, PLLC

Benjamin J. Miller

BJM/bjf

Enclosures

#### List of Providers Receiving Notice pursuant to T.C.A. §29-26-101, et seq.

TriStar Centennial Medical Center 2300 Patterson Street Nashville, TN 37203-1538

TriStar Centennial Medical Center Attn. Administrator: Scott A. Cihak 2300 Patterson Street Nashville, TN 37203-1538

HCA Health Services of Tennessee, Inc. d/b/a TriStar Centennial Medical Center One Park Plaza
Nashville, TN 37203-6527

HCA Health Services of Tennessee, Inc. d/b/a TriStar Centennial Medical Center Attn.: Legal Dept.
P.O. Box 750
Nashville, TN 37202-0750

HCA Health Services of Tennessee, Inc. d/b/a TriStar Centennial Medical Center c/o Registered Agent: CT Corporation System 300 Montvue Rd.
Knoxville, TN 37919-5546

Jennifer A. Johnson, MD TriStar Centennial Medical Center 2300 Patterson Street Nashville, TN 37203-1538

Jennifer A. Johnson, MD
TriStar Centennial Medical Center
c/o Scott A. Cihak
2300 Patterson Street
Nashville, TN 37203-1538

Kindred Hospital - Chattanooga 709 Walnut Street Chattanooga, TN 37402-1916

Kindred Hospital - Chattanooga Attn. Administrator: Andrea White, CEO 709 Walnut Street Chattanooga, TN 37402-1916 Kindred Hospitals Limited Partnership d/b/a Kindred Hospital - Chattanooga 709 Walnut Street Chattanooga, TN 37402-1916

Kindred Hospitals Limited Partnership d/b/a Kindred Hospital - Chattanooga 680 South 4th Street Louisville, KY 40202-2407

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Kindred Hospitals Limited Partnership d/b/a Kindred Hospital - Chattanooga c/o Registered Agent: CT Corporation System 300 Montvue Rd. Knoxville, TN 37919-5546

Charles T. Brice, MD Kindred Hospital - Chattanooga 709 Walnut Street Chattanooga, TN 37402-1916

Charles T. Brice, MD USA Medical Mall 979 E 3rd Street, Ste. 300 Chattanooga, TN 37403-2187

## IN THE PROBATE COURT FOR MADISON COUNTY, TENNESSEE

IN RE:	
LORRAINE ANTHONY	CASE NO. 20-180/
DECEASED.	j <u>iii (30-30-30)</u>
ORDER FOR APPOIN	TMENT OF ADMINISTRATRIX

This matter came to be heard on the 30th day of January, 2020 upon Petitioner Teresa Anne Joyner's verified Petition for Letters of Administration in the estate of Lorraine Anthony, who died intestate on July 22, 2019, a resident of Madison County, Tennessee. It appears from the evidence provided to the Court that Teresa Anne Joyner is an interested party as the daughter of the Decedent.

## IT IS THEREFORE, ORDERED, ADJUDGED AND DECREED:

- (a) That Teresa Anne Joyner be appointed as the Administratrix;
- (b) That Letters of Administration issue to Personal Representative, Teresa Anne Joyner, of 4528 Wickers Pond Road, Vernon, Florida 32462;
- (c) That the requirements for bond is hereby reserved pending filing of inventory and further order of this court; inventory shall be filed within 60 days; accounting shall be submitted within 15 months and annually thereafter;
- (d) That the Bureau of TennCare be notified of these proceedings;
- (e) That Notice of Publication be commenced according to law;
- (f) For such other, further and general relief as the justice of this Petition may require.

ENTERED THIS 3C) DAY OF A QUILLETY, 2020.

HONORABLE JUDGE

#### APPROVED FOR ENTRY:

DONALD K. BYRD, BPR#033231

The Higgins Firm 525 Fourth Ave. S. Nashville, TN 37210 (615) 353-0930 don@higginsfirm.com

## **CERTIFICATE OF SERVICE**

I hereby certify that a true and correct copy of the foregoing has been mailed via Us Mail, postage prepaid to the following on this 28th day of January, 2020.

Robert Anthony
Forest Cove Nursing Home, Side 4, Room 549
Jackson, TN 38301

Teresa Anne Joyner 4528 Wickers Pond Road Vernon, FL 32462

Mare Christopher Anthony 4528 Wickers Pond Road Vernon, FL 32462

DONALD K. BYRD

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	CERTIFICATION OF VITAL RECORD

# HIPAA COMPLIANT AUTHORIZATION FOR USE & DESCLOSURE OF INDIVIDUALLY IDENTIFIABLE AND PROTECTED HEALTH INFORMATION ("HEALTH INFORMATION"

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WITNESS AND/OR NOTARY PUBLIC

IDENTIFIED BY PICTURE LD. ON THIS

SHANA SLOAN May Commission # 00 347544 EXPIRES: June 23, 2023

# HIPAA COMPLIANT AUTHORIZATION FOR USE & DISCLOSURE OF INDIVIDUALLY IDENTIFIABLE AND PROTECTED HEALTH INFORMATION ("HEALTH INDIVIDUALLY IDENTIFIABLE AND PROTECTED HEALTH INFORMATION"

INDIVIDUALLY IDEATIFICATION	
1. PATIENT IDENTIFICATION	
PRINTED NAME: LONGLINE ANTHONY	
	-
ADDRESS: DATE OF BIRTH: 06 39 1936 SOCIAL SECURITY NO.: 409 -40 - 3	X
2. PERSONAL REPRESENTATIVE IDENTIFICATION	
PRI ATIONSHIP DOLLAWS & MANNING WORK ESTATE.	—
PRINTED NAME: TOPEC TOLOPE RELATIONSHIP: DOUGNALEY & Administrative of Estate: ADDRESS: 4528 LOWERS POOD ROOM VETTON, FL 30460	
3. PERSONE ORGANIZATIONS AUTHORIZED TO DISCLOSE HEALTS INFORMATION:	
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4. HEALTH INPORMATION TO BE DISCLOSED Including records/documents received from any other health care providers, therapists, or counselors	:
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. Chattanooga, TN 37402-1916 8. PR-DISCLOSURE: I todarstand the information disclosed by this Authorization may be subject to redischence by the melplants(s) and a larger be protected by the Health Insurance Portability and Astountability Act of 1996. The facilities, their employees, and efficies are hereby released from any high responsibility or liability for disclosure of the above information to the extent indicated and authorized

- 9. THER LIMIT & RIGHT TO REVOKE AUTHORIZATION: Except to the extent that action has already been taken by reliance on this Authorization, I understand this Authorization is voluntary and that I may reveale it at any time by submitting a motion in writing to the Record Controlling in Argunization(s) providing the health information. Unless revealed, this Authorization will expire at the occurrence of the following enest: final conclusion of the profits civil chee.
- 18. RIGHTS & SIGNATURE OF PATIENT OR PERSONAL REPRESENTATIVE REQUISTING DISC LOSTINE | understand that I do not have to sign this Authorization and that my treatment or payment for survices will not be distinct if I do not sign this form unless specified above under Purpose of Region). I am tappent or copy the Region Interstation to be used or distingly see and receive a copy of this Anthertration. I sufficient the herein named person and/or organization to distinct the Health Information specified above. The internation I am requesting may be sent by U.S. mail stryless, expedited mail services (mak his Federal External Packet, United Parcel Service "UPS", etc.) and/or electronic finedmile in accordance with the prevident inequally policy. A family lie, photo static, carbon or other excits of this Authorization are introduced and shall be created as an orbital.

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PRINTED NAME: TERESA AN	UNE JOYNER
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SHANA SLOAN	

# HIPAA COMPLIANT AUTHORIZATION FOR USE & DISCLOSURE OF INDIVIDUALLY IDENTIFIABLE AND PROTECTED HEALTH INFORMATION ("HEALTE INFORMATION".

INDIVIDUALLY IDENTIFIABLE AND PROTECTED HEALTH INFORMATION ("HEALTH INFORMATION".
L PATIENT DENTIFICATION
PRINTED NAME: LONGLINE Anthony
ADDRESS: DATE OF BIRTH: OG 139 1936 SOCIAL SECURITY NO.: 409 - 43-3563
2. PERSONAL REPRESENTATIVE IDENTIFICATION
PRINTED NAME: TENSO. Anne Jouner RELATIONSHIP: Doughter: Administrative of Estate Address: 438 Widers Pond Bood, Vemon, FL 30460
3. FEESONSORGANIZATIONS AUTHORIZED TO DISCLOSE HEALTH INFORMATION:
Kindred Hospital - Chattanooga; Kindred Hospitals Limited Partnership d/b/a Kindred Hospital - Chattanooga; TriStar Centennia Medical Center: HGA Health Services of Tempessee Inc. d/h/a TriStar Centennial Medical Centers Jennifer A. Johnson, MD, TriSta Centennial Medical Center: Chades T. Brice, MD, Kindred Hospital - Chattanoogas and Chades T. Brice, MD, USA Medical Mall
4. HEALTH INFORMATION TO BE DISCLOSED Including recurds/decuments received from any other bealth care providers, therepists, or countries
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5. This Authorization is not to be construed as my consent to release any of
The Pollowing Records: Drug And/OR Alcohol. Abuse, And/OR Psychiatric, And/OR
HIV/Afds RECORDS.

6. PURPOSE OF DISCLOSURE/USE: CIVIL LITIGATION

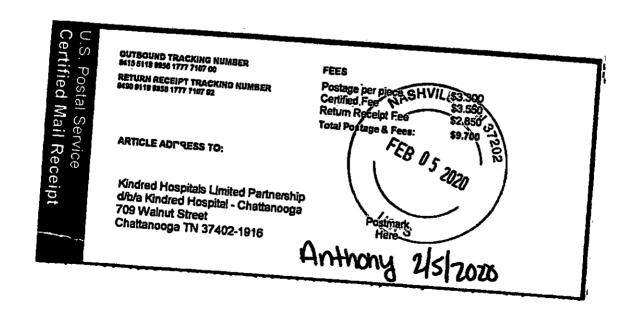
7. TO Sympon and Where to Send Disclosed Real The Information:

- I Authorise the disclosure and use of the Houlds Information described above to the following person(s) or organization(s): Kindred Hospital- Limited Partnership d/b/a Kindred Hospital Chattanooga 709 Walnut Street

  Chattanooga, TN 37402-1916
- 8. RE-DISCLOSIBE: I understand the information distinct by fills Authorization may be emplore to redistingue by the suchimate(s) and a singer be protected by the Health Impirance Portability and Accountability Act of 1996. The facilities, their employees, and officers are health released from my high responsibility or lightity for disclosure of the above information to the extent indicated and authorized
- 9. TIME LIMIT & RIGHT TO REVOKE AUTHORIZATION: Emegt to the extent that action has already been taken in reliance on this Authorization, I understand this Authorization is voluntary and that I may reveale it at may time by authoriting a motion in writing to the Recard Controlland or argunization(s) providing the health information. Unless revealed, this Authorization will explice at the occurrence of the following count: The second controlland of the product count:
- 10. RIGHTS & SIGNATURE OF PATIENT OR PERSONAL REPRESENTATIVE REQUESTING DISCLOSURE I understand that I do not have to then that Authorization and that my treatment or physical for services will not be decided if I do not type this form unless specified above under Purpose of Request. I can temperate or copy the Health Information to be used or disclosed. I may use and receive a copy of this Authorization. I antiborize the hardin manual parties employ or against to disclose the Health Information openified above. The habitation I can requesting may be control to disclose the Health information openified above. The habitation I can requesting may be control. So wall convices, expedited until covices (make as Patient Express "Father", United Parcel Service "UPS", etc.) and/or decironic ficabille in accomplishment with the providers' faccinate policy. A faccinate, photo static, curbon or other acquire of this Authorization are intended and shall be trained as an original.

COMMISSION # GG 347544 EXPIRES: June 23, 2023

SENDER: COMPLETE THIS SECTION COMPLETE THIS SECTION ON DELIVERY # Ensure items 1, 2, and 3 are completed. A. Signature: ( Addresses of Agent) Attach this card to the back of the maliplece, or on the front if space permits. C. Date of Delivery 1. Article Addressed to: D. in daily address different from in YES, enter delivery address better Kindred Hospitals Limited Partnership d/b/a Kindred Hospital - Chattanooga 709 Walnut Street Chattanooga TN 37402-1916 2. Service Type ------Certified Mail® 9490 9118 9956 1777 7107 82 2. Article Number (Transfer from sorvice label) 9415 5118 9956 1777 7107 00 P8 Form 3811 Facelinds, July 2015 (SDC 3930) Domestic Ratum Receipt



February 5, 2020

#### **VIA CERTIFIED MAIL**

Kindred Hospital - Chattanooga 709 Walnut Street Chattanooga, TN 37402-1916

Kindred Hospital - Chattanooga Attn. Administrator: Andrea White, CEO 709 Walnut Street Chattanooga, TN 37402-1916

Kindred Hospitals Limited Partnership d/b/a Kindred Hospital - Chattanooga 709 Walnut Street Chattanooga, TN 37402-1916

Kindred Hospitals Limited Partnership d/b/a Kindred Hospital - Chattanooga 680 South 4th Street Louisville, KY 40202-2407

Kindred Hospitals Limited Partnership d/b/a Kindred Hospital - Chattanooga 680 South Fourth St. One Vencor Place Louisville, KY 40202-2407

Kindred Hospitals Limited Partnership d/b/a Kindred Hospital - Chattanooga c/o Registered Agent: CT Corporation System 300 Montvue Rd. Knoxville, TN 37919-5546

Re: Patient: Lorraine Anthony

Date of Birth:

June 29, 1936

Claimant:

Teresa Anne Joyner, administratrix of the estate

of Lorraine Anthony, and on behalf of the surviving spouse and wrongful death

beneficiaries of Lorraine Anthony, deceased

4528 Wickers Pond Road Vernon, FL 32462-3061

Relation to Patient: Daughter and Administratrix of the Estate

#### Page 2

#### To Whom It May Concern:

This office represents Teresa Anne. In yner, administratrix of the estate of Lorraine Anthony and on behalf of the wrongful death beneficiaries of Lorraine Anthony, and pursuant to Tenn. Code Ann. § 29-26-101, et seq. please consider this letter as notice that a potential healthcare liability claim exists against you arising out of your care and treatment of Lorraine Anthony.

Please also let this notice serve as a request for your records on Lorraine Anthony. Enclosed is an executed HIPAA compliant medical authorization permitting your release of these records to my office, along with documentation on authorization to sign the HIPAA. In the event your records are electronically stored, please provide a complete audit trail of the records.

Additionally, please find enclosed an executed HIPAA compliant medical authorization permitting you to obtain complete medical records from each other provider being sent a notice. A list of the providers to whom notice is being given pursuant to Tenn. Code Ann. § 29-26-121(a) is attached hereto. Lastly, enclosed is an executed authorization with a blank provider field. You are explicitly authorized to fill in the name of any provider from whom you wish to request records.

Ms. Joyner is willing to try to resolve this matter without the need for litigation, so if there is any such interest on your end please have your attorney or liability insurance carrier contact me as soon as possible. Otherwise I anticipate suit will be filed after the mandatory 60-day waiting period expires.

Sincerely,

THE HIEGINS FIRM, PLLC

Benjamin J. Miller

BJM/bjf

**Enclosures** 

#### List of Providers Receiving Notice pursuant to T.C.A. §29-26-101, et seq.

TriStar Centennial Medical Center 2300 Patterson Street Nashville, TN 37203-1538

TriStar Centennial Medical Center Attn. Administrator: Scott A. Cihak 2300 Patterson Street Nashville, TN 37203-1538

HCA Health Services of Tennessee, Inc. d/b/a TriStar Centennial Medical Center One Park Plaza
Nashville, TN 37203-6527

HCA Health Services of Tennessee, Inc. d/b/a TriStar Centennial Medical Center Attn.: Legal Dept.

P.O. Box 750

Nashville, TN 37202-0750

HCA Health Services of Tennessee, Inc. d/b/a TriStar Centennial Medical Center c/o Registered Agent: CT Corporation System 300 Montvue Rd.

Knoxville, TN 37919-5546

Jennifer A. Johnson, MD TriStar Centennial Medical Center 2300 Patterson Street Nashville, TN 37203-1538

Jennifer A. Johnson, MD
TriStar Centennial Medical Center
c/o Scott A. Cihak
2300 Patterson Street
Nashville, TN 37203-1538

Kindred Hospital - Chattanooga 709 Walnut Street Chattanooga, TN 37402-1916

Kindred Hospital - Chattanooga Attn. Administrator: Andrea White, CEO 709 Walnut Street Chattanooga, TN 37402-1916 Kindred Hospitals Limited Partnership d/b/a Kindred Hospital - Chattanooga 709 Walnut Street Chattanooga, TN 37402-1916

Kindred Hospitals Limited Partnership d/b/a Kindred Hospital - Chattanooga 680 South 4th Street Louisville, KY 40202-2407

Kindred Hospitals Limited Partnership d/b/a Kindred Hospital - Chattanooga 680 South Fourth St. One Vencor Place Louisville, KY 40202-2407

Kindred Hospitals Limited Partnership d/b/a Kindred Hospital - Chattanooga c/o Registered Agent: CT Corporation System 300 Montvue Rd. Knoxville, TN 37919-5546

Charles T. Brice, MD Kindred Hospital - Chattanooga 709 Walnut Street Chattanooga, TN 37402-1916

Charles T. Brice, MD USA Medical Mall 979 E 3rd Street, Ste. 300 Chattanooga, TN 37403-2187

## IN THE PROBATE COURT FOR MADISON COUNTY, TENNESSEE

IN RE:	20.100	
LORRAINE ANTHONY	CASE NO. 20-180/5	n
DECEASED.	<u> </u>	

## ORDER FOR APPOINTMENT OF ADMINISTRATRIX

This matter came to be heard on the 30th day of January, 2020 upon Petitioner Teresa Anne Joyner's verified Petition for Letters of Administration in the estate of Lorraine Anthony, who died intestate on July 22, 2019, a resident of Madison County, Tennessee. It appears from the evidence provided to the Court that Teresa Anne Joyner is an interested party as the daughter of the Decedent.

## IT IS THEREFORE, ORDERED, ADJUDGED AND DECREED:

- (a) That Teresa Anne Joyner be appointed as the Administratrix;
- (b) That Letters of Administration issue to Personal Representative, Teresa Anne Joyner, of 4528 Wickers Pond Road, Vernon, Florida 32462;
- (c) That the requirements for bond is hereby reserved pending filing of inventory and further order of this court; inventory shall be filed within 60 days; accounting shall be submitted within 15 months and annually thereafter;
- (d) That the Bureau of TennCare be notified of these proceedings;
- (e) That Notice of Publication be commenced according to law;
- (f) For such other, further and general relief as the justice of this Petition may require.

ENTERED THIS 3C DAY OF 1 CHARLES 2020.

HONORABLEJUDGI

#### APPROVED FOR ENTRY:

DONALD K. BYRD, BPR#033231

The Higgins Firm 525 Fourth Ave, S. Nashville, TN 37210 (615) 353-0930 don@higginsfirm.com

## CERTIFICATE OF SERVICE

I hereby certify that a true and correct copy of the foregoing has been mailed via Us Mail, postage prepaid to the following on this 28th day of January, 2020.

Robert Anthony
Forest Cove Nursing Home, Side 4, Room 549
Jackson, TN 38301

Teresa Anne Joyner 4528 Wickers Pond Road Vernon, FL 32462

Mare Christopher Anthony 4528 Wickers Pond Road Vernon, FL 32462

DONALD K. BYRD

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# HIPAA COMPLIANT AUTHORIZATION FOR USE & DISCLOSURE OF INDIVIDUALLY IDENTIFIABLE AND PROTECTED HEALTH INFORMATION ("HEALTH INFORMATION")

INFORMATION*
1. PATIENT IDENTIFICATION
PRINTED NAME: LONGING ANTHONY
ADDRESS: DATE OF BIRTH: OG 189 1936 SOCIAL SECURITY NO.: 409-48-85
2. PERSONAL REPRESENTATIVE IDENTIFICATION
PRINTED NAME: TENSO ANNO TOUNER
ADDRESS: 452 X Willers Pond Laced, Vernon, Fl 324(02)
3. PERSONSORGANIZATIONS AUTHORIZED TO DISCLOSE BRALTH INFORMATION:
Kindred Hospitals Limited Partnership d/b/a Kindred Hospital - Chattanooga 680 South 4th Street, Louisville, KY 40202-2407
4. FIGALTH INFORMATION TO BE DISCLOSED Including records/documents received from any
other health care prevedent therepists or counselogs.  FROM: All Records
HOSPITAL, NURSING HOMR, PRYSICIAN, HEALTH CARE PROVIDERS INCLUDING BUT NOT LIMITED TO: Complete Emergency Medical Transport & Houlth Record
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SHANA SLOAN 1:17 COMMISŠIOH # 60 347844 - ÉXPIRES: June 29, 2028

# HIPAA COMPLIANT AUTHORIZATION FOR USE & DISCLOSURE OF INDIVIDUALLY IDENTIFIABLE AND PROTECTED HEALTH INFORMATION (*HEALTH ENFORMATION*

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1, PATIENT ID ENTIFICATION	
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2. PERSONAL REPRESENTATIVE IDENTIFICATION	
PRINTED NAME: Tevesa Joinea	
PRINTED NAME: ITY OSCIALOTICE!	
ADDRESS: 4528 DELETS POOR 15000, Vernon, FL 32402	_
ADDRESS: 4528 Willes Pond Road, Vernon, FL 304602	-
3. PERSONS/ORGANIZATIONS AUTHORIZED TO DISCLOSE HEALTH INFORMATION:	
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Complete Health Record from Physician's Office or Chiropeneter	
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- 6. PURPOSE OF DIECLOSURE/USE: CIVIL LITIGATION
- TO WHOM AND WHITE TO SEND DINCLOSED HEALTH INFORMATION I Anthonia the disclarare and use of the Health Information described above to the following person(s) or reservation (1): Kindred Hospitals Limited Partnership d/b/a Kindred Hospital - Chattanooga 680 South 4th Street

Louisville, KY 40202-2407 8. RE-DISCLOSURE: I understand the information disclosed by this Authorization may be religion to reseure by the recipients(s) and a longar be protested by the Health literature Portability and Actountability Act of 4996. The fa. Sities, their employees, and efficure are hereby released from any light responsibility or liability for disclosure of the above information to the extent indicated and untherized

9. THATE A PAINT & REGET TO REVOKE AUTHORIZATION: Except to the extent that action has already being taken in reliance on this Antifestantian. I understand this Antifestantian is valuative and that I may revoke it at any time by submitting a motion in writing to the Record Contribute or organization(s) providing the health information: Union invokes, this Antibertantian will imply at the occurrence of the following escent: final conclusion of the pending tivil chain;

RIGHTS & SIGNATURE OF PATIENT OR PERSONAL REPRESENTATIVE REQUESTING CLOSURE I understand that I do not have to sign this Authorization and that my treatment or pays ervises will not be desired if I do not size this form unless specified above tinder Purpose of Request, I aim at or easy the Health Referentians to be used or athelesed. I may see and receive a copy of this ortention. I authorize the herets mamed person and/or organization to disclose the Health Information specified above. The information I am requesting may be sent by U.S. mail survices, expedital such services (mak as Roderal Extreme Fatiga", United Parcel Service "UFS", etc.) and/or electronic facilities in ascordance with the providers! facilities, A facilities, photo static, carbon or other seples of this Anthorization are intended and shall be greated as an original.

BIGNATURE PRINTED NAME: IF SIGNED BY SOMEONE OTHER THAN PATIENT, INDICATE RELATIONSHIP: Teresa. Anne Jouner THE AUTHORIZATION WAS SIGNED BY. IDENTIFIED BY PICTURE ID. ON THIS WITNESS AND/OR NOTARY FUELIC

THANA SLDAN COMMISSION # CB 347544 EXPIRES: June 23, 2023

## HIPAA COMPLIANT AUTHORIZATION FOR USE & DISCLOSURE OF ENDIVIDUALLY IDENTIFIABLE AND PROTECTED HEALTH INFORMATION ("HEALTH INFORMATION")

INFORMATION?
1. PATIENT IDENTIFICATION
PRINTED NAME: LONGING Anthony. ADDRESS:
DATE OF BIRTH: OG 29 1936 SOCIAL SECURITY NO: 409-48-2562
2 PERSONAL PROPERTY IDENTIFICATION
PRINTED NAME TRYSO Anne Jouner
RELATIONSHIP: DOUGHTER Administrative of Estate  ADDRESS: 4528. Withers Pond Local, Vernon, FL 324(02)
3. PERSONS ORGANIZATIONS AUTHORIZED TO DISCLOSE HEALTH INFORMATION:
Kindred Hospital - Chattanooga; Kindred Hospitals Limited Partnership d/b/a Kindred Hospital - Chattanooga; TriStar Centern Medical Center HCA Health Services of Tennessee Inc. d/b/a TriStar Centennial Medical Center Jennifer A. Johnson, MD, Tri Centennial Medical Center Charles T. Brice, MD. Kindred Hospital - Chattanooga; and Charles T. Brice, MD. USA Medical Ma
4 HEALTH INFORMATION TO BE DISCLOSED Including records/documents received from any other health care providers, thereparts or counselors
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ENLING RECORDS:
Complete Dailing Resent including an itemized Statement

5. THES AUTHORIZATION IS NOT TO HE CONSTRUED AS MY CONSENT TO RELEASE ANY OF
THE POLLOWING RECORDS: DESUG AND/OR ALCOHOL ABUSE, AND/OR PSYCHIATRIC, AND/OR
HIV/ADB RECORDS.
6. PURPOSE OF DISCLOSURE/USE: CIVIL LITIGATION

7. TO WHOM AND WHERE TO SEND DISCLOSED HEALTH INFORMATION:

1 Andrewise the disclosure and use of the Health Information above to the following puress(s) of

Kindred Hospitals Limited Partnership d/b/a Kindred Hospital - Chattanooga 680 South 4th Street

Louisville, KY 40202-2407

8. RE-DESCI OFFERS: I understand the information distinct by this Authorization may be subject to re-distinguish by the inclinates of an imager be protected by the Realth Insurance Partability and Associability Act of 1996. The facilities, that simpleyes, and efficient are hereby released from any legal responsibility or lightly for disclosure of the above information to the extent indicated and authorized hereby.

9. THER LIMIT & RECEPT TO REVOKE AUTHORIZATION: Except to the extent that action has alreedy been taken in reliance on this Authorization, I understand this Authorization is reliantery and that I may breakly it at any time by submitting a indice in swifting to the Riched Contestion or organization(s) providing the health information. Unless revoked, this Authorization will engine at the occurrence of the following count: final conclusion of the number civil case.

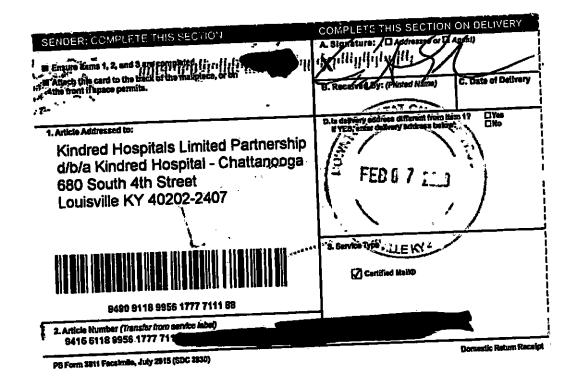
18. RIGHTS & SIGNATURE OF PATIENT OR PERSONAL REPRESENTATIVE RECIPIESTING DISCLOSURE I understand that I do not have to disp this authorization and that my treatment or payment for services will not be decided if I do not sign this form unless specified above under Persons of Request. I can impose or capy the Health infermitation to be under a significant or disclosed. I may see and receive a capy of this Authorization. I malkering the hards general services and/or organization to disclose the Health information specified above. The important is in requesting may be sent by U.S. mail services, expedited until services (mak to Federal Engus Tealer, United Parcel Service "UPS", etc.) and/or decirate disclosed in accordance with the graviders! (accimile policy. A facelopile, plints static, carbon or other augher of this Authorization are intended and shall be criented as an original.

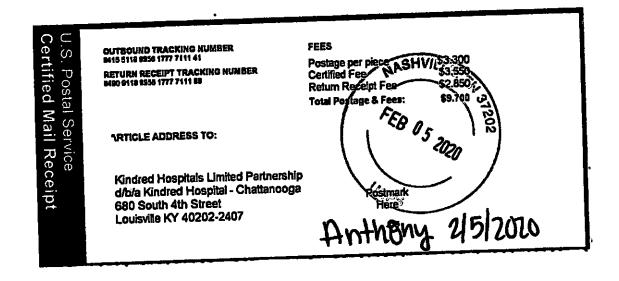
PRINTED NAME: FRESA HUNE JOYNER

IF SIGNED BY SOMEONE OTHER THAN PATIENT, INDICATE RELATIONSHIP: DOUGHEY A HUNGSIGNED BY TOYESG, ANNO JOUNEY WHO WAS SIGNED BY TOYESG, ANNO JOYNEY DELIC

WITNESS AND/OR NOTARY PUBLIC

SNANA SLOAN
MY COMMISSION # 00 347544
EXPIRES: Juen 23, 2023





February 5, 2020

#### VIA CERTIFIED MAIL

Kindred Hospital - Chattanooga 709 Walnut Street Chattanooga, TN 37402-1916

Kindred Hospital - Chattanooga Attn. Administrator: Andrea White, CEO 709 Walnut Street Chattanooga, TN 37402-1916

Kindred Hospitals Limited Partnersh:pd/b/a Kindred Hospital - Chattanooga 709 Walnut Street Chattanooga, TN 37402-1916

Kindred Hospitals Limited Partnership d/b/a Kindred Hospital - Chattanooga 680 South 4th Street Louisville, KY 40202-2407

Kindred Hospitals Limited Partnership d/b/a Kindred Hospital - Chattanooga 680 South Fourth St. One Vencor Place Louisville, KY 40202-2407

Kindred Hospitals Limited Partnership d/b/a Kindred Hospital - Chattanooga c/o Registered Agent: CT Corporation System 300 Montvue Rd. Knoxville, TN 37919-5546

Re:

Patient:

Lorraine Anthony

Date of Birth:

June 29, 1936

Claimant:

Teresa Anne Joyner, administratrix of the estate

of Lorraine Anthony, and on behalf of the surviving spouse and wrongful death

beneficiaries of Lorraine Anthony, deceased

4528 Wickers Pond Road Vernon, FL 32462-3061

Relation to Patient: Daughter and Administratrix of the Estate

525 Fourth Avenue South • Nashville, TN 37210 phone (615) 353-0930 • fax (888) 210-5883 • www.thehigginsfirm.com

#### Page 2

#### To Whom It May Concern:

This office represents Teresa Anne Joyner, administratrix of the estate of Lorraine Anthony and on behalf of the wrongful death beneficiaries of Lorraine Anthony, and pursuant to Tenn. Code Ann. § 29-26-101, et seq. please consider this letter as notice that a potential healthcare liability claim exists against you arising out of your care and treatment of Lorraine Anthony.

Please also let this notice serve as a request for your records on Lorraine Anthony. Enclosed is an executed HIPAA compliant medical authorization permitting your release of these records to my office, along with documentation on authorization to sign the HIPAA. In the event your records are electronically stored, please provide a complete audit trail of the records.

Additionally, please find enclosed an executed HIPAA compliant medical authorization permitting you to obtain complete medical records from each other provider being sent a notice. A list of the providers to whom notice is being given pursuant to Tenn. Code Ann. § 29-26-121(a) is attached hereto. Lastly, enclosed is an executed authorization with a blank provider field. You are explicitly authorized to fill in the name of any provider from whom you wish to request records.

Ms. Joyner is willing to try to resolve this matter without the need for litigation, so if there is any such interest on your end please have your attorney or liability insurance carrier contact me as soon as possible. Otherwise I anticipate suit will be filed after the mandatory 60-day waiting period expires.

Sincerely,

THE HIRGINS FIRM, PLLC

Benj<del>amin</del> J. Miller

BJM/bjf

Enclosures

## List of Providers Receiving Notice pursuant to T.C.A. §29-26-101, et seq.

TriStar Centennial Medical Center 2300 Patterson Street Nashville, TN 37203-1538

TriStar Centennial Medical Center Attn. Administrator: Scott A. Cihak 2300 Patterson Street Nashville, TN 37203-1538

HCA Health Services of Tennessee, Inc. d/b/a TriStar Centennial Medical Center One Park Plaza
Nashville, TN 37203-6527

HCA Health Services of Tennessee, Inc. d/b/a TriStar Centennial Medical Center Attn.: Legal Dept.
P.O. Box 750
Nashville, TN 37202-0750

HCA Health Services of Tennessee, Inc. d/b/a TriStar Centennial Medical Center c/o Registered Agent: CT Corporation System 300 Montvue Rd.
Knoxville, TN 37919-5546

Jennifer A. Johnson, MD TriStar Centennial Medical Center 2300 Patterson Street Nashville, TN 37203-1538

Jennifer A. Johnson, MD
TriStar Centennial Medical Center
c/o Scott A. Cihak
2300 Patterson Street
Nashville, TN 37203-1538

Kindred Hospital - Chattanooga 709 Walnut Street Chattanooga, TN 37402-1916

Kindred Hospital - Chattanooga Attn. Administrator: Andrea White, CEO 709 Walnut Street Chattanooga, TN 37402-1916 Kindred Hospitals Limited Partnership d/b/a Kindred Hospital - Chattanooga 709 Walnut Street Chattanooga, TN 37402-1916

Kindred Hospitals Limited Partnership d/b/a Kindred Hospital - Chattanooga 680 South 4th Street Louisville, KY 40202-2407

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Kindred Hospitals Limited Partnership d/b/a Kindred Hospital - Chattanooga c/o Registered Agent: CT Corporation System 300 Montvue Rd. Knoxville, TN 37919-5546

Charles T. Brice, MD Kindred Hospital - Chattanooga 709 Walnut Street Chattanooga, TN 37402-1916

Charles T. Brice, MD USA Medical Mall 979 E 3rd Street, Ste. 300 Chattanooga, TN 37403-2187

### IN THE PROBATE COURT FOR MADISON COUNTY, TENNESSEE

IN RE:	
LORRAINE ANTHONY	CASE NO. 20-1805
DECEASED.	<u> </u>

## ORDER FOR APPOINTMENT OF ADMINISTRATRIX

This matter came to be heard on the 30th day of January, 2020 upon Petitioner Teresa Anne Joyner's verified Petition for Letters of Administration in the estate of Lorraine Anthony, who died intestate on July 22, 2019, a resident of Madison County, Tennessee. It appears from the evidence provided to the Court that Teresa Anne Joyner is an interested party as the daughter of the Decedent.

## IT IS THEREFORE, ORDERED, ADJUDGED AND DECREED:

- (a) That Teresa Anne Joyner be appointed as the Administratrix;
- (b) That Letters of Administration issue to Personal Representative, Teresa Anne Joyner, of 4528 Wickers Pond Road, Vernon, Florida 32462;
- (c) That the requirements for bond is hereby reserved pending filing of inventory and further order of this court; inventory shall be filed within 60 days; accounting shall be submitted within 15 months and annually thereafter;
- (d) That the Bureau of TennCare be notified of these proceedings;
- (e) That Notice of Publication be commenced according to law;
- (f) For such other, further and general relief as the justice of this Petition may require.

ENTERED THIS 3 DAY OF 10 main. 2020.

HONORABLEJUDGE

#### APPROVED FOR ENTRY:

DONALD K. BYRD, BPR#033231

e kue

The Higgins Firm 525 Fourth Ave. S. Nashville, TN 37210 (615) 353-0930 don@higginsfirm.com

## CERTIFICATE OF SERVICE

I hereby certify that a true and correct copy of the foregoing has been mailed via Us Mail, postage prepaid to the following on this 28th day of January, 2020.

Robert Anthony
Forest Cove: Nursing Home, Side 4, Room 549
Jackson, TN 38301

Teresa Anne Joyner 4528 Wickers Pond Road Vernon, FL 32462

Marc Christopher Anthony 4528 Wickers Pond Road Vernon, FL 32462

DONALD & BABD

	STATE OF TENNESSEE  Office of Vital Records
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## HIPAA COMPLIANT AUTHORIZATION FOR USE & DISCLOSURE OF INDIVIDUALLY IDENTIFIABLE AND PROTECTED HEALTH INFORMATION ("HEALTH BORODMATION")

INFORMATION?
1. PATIENT IDENTIFICATION
PRINTED NAME: LONGLINE Anthony
ADDRESS: DATE OF BIRTH: OG 104 1936 SOCIAL SECURITY NO.: 409-40-250
2. PLRSONAL REPRESENTATIVE IDENTIFICATION
PRINTED NAME: 1819 SQ AMOR TOURS AND ACTION OF THE PRINTED PARTY AND ACTION OF THE PARTY AND A
PRINTED NAME: TRIVEG ANNO JOUNEY RELATIONSHIP: DOUGNACE FARMING TRANSPORTED ADDRESS 452 X Wickers Fond Board, Vernon, FL 32462
3. PERSONS/ORGANIZATIONS AUTHORIZED TO DISCLOSE HEALTH INFORMATION:
Kindred Hospitals Limited Partnership d/b/a Kindred Hospital - Chattanooga
680 South Fourth St., One Vencor Place, Louisville, KY 40202-2407
4. HEALTH INFORMATION TO BE DISCLOSED Including records/documents received from any other health care providers, therepists, or connectors
FROM: All Records
HOSPITAL, NUBSING HOME, PRYSICIAN, HEALTH CARE PROVIDERS INCLUDING BUT NOT LIMITED TO:
Complete Emergency Medical Transport & Health Retail. Complete Antopsy Repart, Antopsy Photographic & Tonisology Repart
Complete Heille Report freis Reporten's Office or Chile or Chiragracies Complete Pharmacy/Progription Record
Complete Pairmay/Franciscord Complete Russia House Record Complete Russia House Record
Complete Figural House Record  Complete Parable Medical Equipment Record/Medical Supply Record
Complete Prosthode Equipment & Fifting Ricord
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TABLET THE GOLD CONTROL AND THE SEND DISCLOSED HEALTH INFORMATION: irtie the disclosure and me of the Health Information described above to the following person(s) or Trailer are diagins Firm, PUC 525 LHR Ave. South, Nashuille, TN 37210 6. RE-118CLOSURE: I understand the information disclosed by this Authorization may be subject to re-disclosure by the syclotests(s) and no longer be projected by the Health Interance Portability and Accountability Act of 1996. The inclinies, their ampleyers, and efficient are hereby released from any legal responsibility or liability for disclosure of the above information to the extent indicated and authorized 9. TIME LIMIT & RIGHT TO REVOKE AUTHORIZATION, Emept to the extent that action has already um taken in collance on this Aschortestion, I understand this Authorization is voluntary and that I may revelo it at any time by submitting a notice in writing to the Record Castellan or organization(s) providing the health information. Unless revelop, this Authorization will imply at the occurrence of the following sweet: final conclusion of the frequent civil case. 10. RECEIVE & SUCNATURE, OF PATIENT, OR PERSONAL REPRESENTATIVE RECORDING DISCUSSION I understand that I do not have to sign this Authorization and that my creatment or payment for services will not be desired if I do not sign this form unless specified above under Paripose of Request, I can be paid or apply the Einkin Information to be used or disclosed. I may see and results a copy of this sistanties. I suffective the hereic samed person and/or arganization to disclose the Health linkersation specified above. The information I am requireting may be sent by U.S. mail services, expedited mail services (anch as Federal Especial "Petitio", United Parcel Service "UPS", etc.) and/or electronic faculable in accordance with the providers! facedmile policy. A faceinalle, photo static, carbon or other copies of this Amboritation are laterated and shall be treated as an original. DATE: SIGNATURE' PRINTED NAME: /EREA. IN STONED BY SOMEONE OTHER THAN PATIENT, INDICATE RELATIONSHIP. DOUGHET & Administrative THIS AUTHORIZATION WAS SIGNED BY TEVESO HAME JOUNLY

> loc WITNESS AND/OR NOTARY PUBLIC

IDENTIFIED BY PICTURE LD. ON THIS.

SHANA SLOAM My Commission # GO 247544 EXPÍRES: Juno 23, 2023

# HIPAA COMPLIANT AUTHORIZATION FOR USE & DISCLOSURE OF INDIVIDUALLY IDENTIFIABLE AND PROTECTED HEALTH INFORMATION ("HEALTH INFORMATION"

INBIAMOSITA	INFORMATION"
1 PATIENT IDENT	FICATION
DETAITED MAME	Lorraine Anthony
DATE OF EIRTH:	0689 1936 SOCIAL SECURITY NO.: 409 = 40 = 30
2 PERSONAL REFR	ESPATATIVE IDENTIFICATION
PRINTED NAME:	Teresa Jouner Doughter & Administrative of Estate 8 Wikers Pond Road, Vennon, FL 034602
RELATIONSHIP:	Daughter & Administrative of Estate.
ADDRESS: 452	8 Wilkers Pond Road, Vernon, II 30462
	IZATIONS AUTHORIZED TO DISCLOSS HEALTH INFORMATION:
	The Control of the Co
	ATION TO BE DISCLOSED Including records/documents received from any,
other health care are	viders, therapists, or counselors
FROM: All Re	cords
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  2. PRODESCLOSURE: I understand the information distincted by this Authorization may be emblact to reduction by the recipients of and a bingar be predected by the Realth Issurance Ports billy and Accountability Act of 1996. The facilities, their emplayers, and officers are himsely released from any light responsibility or lightly for disclosure of the above information to the extent testicated and unthorized.
- 9. THE LIMIT & RIGHT TO REVOKE AUTHORIZATION: Except to the extent that action has already been falsen in reliance on this Astrins installed. I understand this Astrins textion is voluntary and that I may revoke it at any time by salantiflag a hotice in writing to the Record Controllan or organization(s) providing the health information. Unless revoked, this Authorization will engine at the occurrence of the following count: final conclusion of the neuting civil case.
- 10. RIGHTS & SIGNATURE OF PATIENT OR PERSONAL REPRESENTATIVE REQUESTING DISCLOSURE: I understand that I do not have to the this Authorization and that my treatment or payment for any view will not be desired if I do not agent this form unless specified above under Purpose of Request. I can be approve or capy the Health Information to be used or disclosed. I may see and receive a capy of this Authorization. I sufferty the herein named purpose entitor organization to disclose the Health Information specified above. The information I can requesting may be sent by U.S. mail services, expedited until services (much its Federal Express "Federal", United Parcel Service "UPS", etc.) and/or electrosic lightfule is accordance with the providers! factingle policy. A facilible, photo static, earhen or other implies of this Authorization are initiagled and shall be presented as an original.

BIGNATURE DIAMA TORR SOUNCE DATE: 1:30-2020

PRINTED NAME: FRESA HOUNE TOYNER

IF SIGNED BY SOMEONE OTHER THAN PATIENT, INDICATE RELATIONSHIP: DOUGHER 2 Administry

THE AUTHORIZATION WAS SIGNED BY TEVESC. ANNO TOWN WHO WAS IDENTIFIED BY FICTURE ID. ON THIS DAY OF SOUNCE.

SHANA SLOAN

EXPIRES: June 23, 2023

## HIPAA COMPLIANT authorization for use & disclosurr of ENDIVIDUALLY IDENTIFIABLE AND PROTECTED HEALTH INFORMATION ("HEALTH **INFORMATION** L PATIENT IDENTIFICATION PRINTED NAME: ADDRESS: AG SOCIAL SECURITY NO.: 419-46 DATE OF BIRTH: O(c) 2 PERSONAL REPRESENTATIVE IDENTIFICATION PRINTED NAME: JERYSO ANNO JOUNEY Doughter a Administration of C RELATIONSHIP: ADDRESS: 4528 Withers 3. FERSONS ORGANIZATIONS AUTHORIZED TO DISCLOSE HEALTH INFORMATION: Kindred Hospital - Chattanooga; Kindred Hospitals Limited Partnership d/b/a Kindred Hospital - Chattanooga; TriStar Centennial Medical Center HCA Health Services of Tennessee, Inc. dible TeiSter Centennial Medical Center Jennifer A. Johnson, MD, TriSter Centennial Medical Center: Charles T. Brice, MD. Kindred Hospital - Chattanooga; and Charles T. Brice, MD. USA Medical Mall 4. HEALTH INFORMATION TO BE DISCLOSED Including recents/decrements received from any other banks care providers, theresists, or connectors All Records FROM: hospital. Nursing home, physician, health care providers including but not LIMITED TO: Congliste Emergency Medical Transport & Health Report: Congliste Astrony Report, Autopsy Photographs & Textcology Report Conglists Health Research from Physician's Office or Chile or Chickentelor plate Plattacky/Prestription Retend plate Nersing Mains Record Fineral House Record de Medical Equipment Recard/Madical Supply Record month Freehotle Equipment & Fitting Record in the Prophette Equipment & Fitting Record in the Daniel Record in the Prophet Report of The Prophet Particles of The Prophet Particles of The Record in the Prophet Report of The Record in the Record Record Record Record Record Record ry & Physical Beam go Suitmary inites Meteria وتووالا فتناه ratery Test Results Redictory Reports Redictory Studies (Flux & Images) to Mitteb Attached Reports

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6. PURPOSE OF DISCLOSURE/USE: CIVIL LITIGATION

One Vencor Place

7. TO WHOM AND WHERE TO SEND DISCLOSED HEALTH INFORMATION: [ Kathorbie the dischasses and use of the Hankh Information described above to the following person(s) or commitments: (d) Kindred Hospitals Limited Partnership d/b/s Kindred Hospital - Chattanooga 680 South Fourth St.

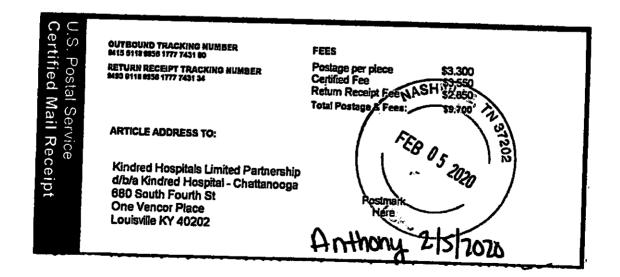
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- 9. THE LIMIT & RIGHT TO REVOKE AUTHORIZATION: Except to the extent that action has already been talked by religious on that Authorization, I understand this Authorization is voluntary and that I may revelue it at any time by submitting a hother in writing to the Record Castodian or argumenties(s) providing the health information. Unless revelop, this Authorization will employ at the occurrence of the following enest: final conclusion of the pentitive civil case.
- 10. RIGHTS & SIGNATURE OF PATIENT OR PERSONAL REPRESENTATIVE REQUESTING DISCLOSURE. I understand that I do not have to sign this Authorization and that my treatment or payment for specifies will not be desied if I do not sign this form unless specified above under Purpose of Request. I can support or copy the Reguest Information to be used or disclosed. I may see used receive a copy of this Authorization. I sufficient the herein named person and/or organization to disclose the Health Information specified above. The information I am requesting may be sent by U.S. mail survices, expedited small services (mek to Rederal Express "FadEx", United Parcel Service "UPS", etc.) and/or electronic facefulle in actiondance with the previders! facefulle policy. A facefulle, photo static, carbon or other outlier of this Authoritation are integrited and that be previded and that be previded and that be previded and that the previous of the contents of the carbon of other outlier of the carbon of the carb

SIGNATURE IF SIGNED BY SOMEONE OTHER THAN PATIENT, INDICATE RELATIONSHIP: DOWNSHIP & HOMINISHISH THE AUTHORIZATION WAS RIGHED BY JOYNE TOWNER DENTIFIED BY FICTURE LD. ON THIS WITNESS AND/OR NOTARY PUBLIC SHANA" "LGAN Commission # GB 367544

EXPIRES: Juan 23, 2023

COMPLETE THIS SECTION ON DELIVERY SENDER: COMPLETE THIS SECTION A. Signature: All Addresses or (Agest) B Ensure Items 1, 2, and 5 are completed. M Attach this card to the back of the malipiece, or on the front if space permits. D. Is delivery address different from hom 17 If YES, enter delivery address below: 1. Article Addressed to: Kindred Hospitals Limited Partnership 1 10 d/b/a Kindred Hospital - Chattanooga 680 South Fourth St One Vencor Place Louisville KY 40202 raice TVDs 9490 9118 9956 1777 7431 34 2. Article Number (Transfer from service label) 9415 6118 8958 1777 7431 80 Domestic Return Receipt P3 Form 3811 Facelinite, July 2015 (SDC 3938)



February 5, 2020

#### **VIA CERTIFIED MAIL**

Kindred Hospital - Chattanooga 709 Walnut Street Chattanooga, TN 37402-1916

Kindred Hospital - Chattanooga Attn. Administrator: Andrea White, CEO 709 Walnut Street Chattanooga, TN 37402-1916

Kindred Hospitals Limited Partnership d/b/a Kindred Hospital - Chattanooga 709 Walnut Street Chattanooga, TN 37402-1916

Kindred Hospitals Limited Partnership d/b/a Kindred Hospital - Chattanooga 680 South 4th Street Louisville, KY 40202-2407

Kindred Hospitals Limited Partnership d/b/a Kindred Hospital - Chattanooga 680 South Fourth St. One Vencor Place Louisville, KY 40202-2407

Kindred Hospitals Limited Partnership d/b/a Kindred Hospital - Chattanooga c/o Registered Agent: CT Corporation System 300 Montvue Rd. Knoxville, TN 37919-5546

Re:

Patient:

**Lorraine Anthony** 

Date of Birth:

June 29, 1936

Claimant:

Teresa Anne Joyner, administratrix of the estate

of Lorraine Anthony, and on behalf of the surviving spouse and wrongful death

beneficiaries of Lorraine Anthony, deceased

4528 Wickers Pond Road Vernon, FL 32462-3061

Relation to Patient: Daughter and Administratrix of the Estate

525 Fourth Avenue South • Nashville, TN 37210 phone (615) 353-0930 • fax (888) 210-5883 • www.thehigginsfirm.com

#### Page 2

#### To Whom It May Concern:

This office represents Teresa Anne Joyner, administratrix of the estate of Lorraine Anthony and on behalf of the wrongful death beneficiaries of Lorraine Anthony, and pursuant to Tenn. Code Ann. § 29-26-101, et seq. please consider this letter as notice that a potential healthcare liability claim exists against you arising out of your care and treatment of Lorraine Anthony.

Please also let this notice serve as a request for your records on Lorraine Anthony. Enclosed is an executed HIPAA compliant medical authorization permitting your release of these records to my office, along with documentation on authorization to sign the HIPAA. In the event your records are electronically stored, please provide a complete audit trail of the records.

Additionally, please find enclosed an executed HIPAA compliant medical authorization permitting you to obtain complete medical records from each other provider being sent a notice. A list of the providers to whom notice is being given pursuant to Tenn. Code Ann. § 29-26-121(a) is attached hereto. Lastly, enclosed is an executed authorization with a blank provider field. You are explicitly authorized to fill in the name of any provider from whom you wish to request records.

Ms. Joyner is willing to try to resolve this matter without the need for litigation, so if there is any such interest on your end please have your attorney or liability insurance carrier contact me as soon as possible. Otherwise I anticipate suit will be filed after the mandatory 60-day waiting period expires.

Sincerely.

THE HIGGINS FIRM, PLLC

Benjamin J. Miller

BJM/bjf

**Enclosures** 

## List of Providers Receiving Notice pursuant to T.C.A. §29-26-101, et seq.

TriStar Centennial Medical Center 2300 Patterson Street Nashville, TN 37203-1538

TriStar Centennial Medical Center Attn. Administrator: Scott A. Cihak 2300 Patterson Street Nashville, TN 37203-1538

HCA Health Services of Tennessee, Inc. d/b/a TriStar Centennial Medical Center One Park Plaza
Nashville, TN 37203-6527

HCA Health Services of Tennessee, Lic. d/b/a TriStar Centennial Medical Center Attn.: Legal Dept.
P.O. Box 750
Nashville, TN 37202-0750

HCA Health Services of Tennessee, Inc. d/b/a TriStar Centennial Medical Center c/o Registered Agent: CT Corporation System 300 Montvue Rd.
Knoxville, TN 37919-5546

Jennifer A. Johnson, MD TriStar Centennial Medical Center 2300 Patterson Street Nashville, TN 37203-1538

Jennifer A. Johnson, MD
TriStar Centennial Medical Center
c/o Scott A. Cihak
2300 Patterson Street
Nashville, TN 37203-1538

Kindred Hospital - Chattanooga 709 Walnut Street Chattanooga, TN 37402-1916

Kindred Hospital - Chattanooga Attn. Administrator: Andrea White, CEO 709 Walnut Street Chattanooga, TN 37402-1916 ļ

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Kindred Hospitals Limited Partnership d/b/a Kindred Hospital - Chattanooga 709 Walnut Street Chattanooga, TN 37402-1916

Kindred Hospitals Limited Partnership d/b/a Kindred Hospital - Chattanooga 680 South 4th Street Louisville, KY 40202-2407

Kindred Hospitals Limited Partnership d/b/a Kindred Hospital - Chattanooga 680 South Fourth St. One Vencor Place Louisville, KY 40202-2407

Kindred Hospitals Limited Partnership d/b/a Kindred Hospital - Chattanooga c/o Registered Agent: CT Corporation System 300 Montvue Rd. Knoxville, TN 37919-5546

Charles T. Brice, MD Kindred Hospital - Chattanooga 709 Walnut Street Chattanooga, TN 37402-1916

Charles T. Brice, MD USA Medical Mall 979 E 3rd Street, Ste. 300 Chattanooga, TN 37403-2187

## IN THE PROBATE COURT FOR MADISON COUNTY, TENNESSEE

IN RE:	
LORRAINE ANTHONY	CASE NO. 20-18015
DECEASED.	j <u>U-30-20-38</u>

#### ORDER FOR APPOINTMENT OF ADMINISTRATRIX

This matter came to be heard on the 30th day of January, 2020 upon Petitioner Teresa Anna Joyner's verified Petition for Letters of Administration in the estate of Lorraine Anthony, who died intestate on July 22, 2019, a resident of Madison County, Tennessee. It appears from the evidence provided to the Court that Teresa Anne Joyner is an interested party as the daughter of the Decedent.

## IT IS THEREFORE, ORDERED, ADJUDGED AND DECREED:

- (a) That Teresa Anne Joyner be appointed as the Administratrix;
- (b) That Letters of Administration issue to Personal Representative, Teresa Anne Joyner, of 4528 Wickers Pond Road, Vernon, Florida 32462;
- (c) That the requirements for bond is hereby reserved pending filing of inventory and further order of this court; inventory shall be filed within 60 days; accounting shall be submitted within 15 months and annually thereafter;
- (d) That the Bureau of TennCare be notified of these proceedings;
- (e) That Notice of Publication be commenced according to law;
- (f) For such other, further and general relief as the justice of this Petition may require.

ENTERED THIS 3 DAY OF A QUILLE 2020.

HONORABLE JUDGE

#### APPROVED FOR ENTRY:

DONALD K. BYRD, BPR#033231

The Higgins Firm 525 Fourth Ave. S. Nashville, TN 37210 (615) 353-0930 don@higginsfirm.com

## CERTIFICATE OF SERVICE

I hereby certify that a true and correct copy of the foregoing has been mailed via Us Mail, postage prepaid to the following on this 28th day of January, 2020.

Robert Anthony
Forest Cove: Nursing Home, Side 4, Room 549
Jackson, TN 38301

Teresa Anne Joyner 4528 Wickers Pond Road Vernon, FL 32462

Marc Christopher Anthony 4528 Wickers Pond Road Vernon, FL 32462

DONALD K BYRD

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# HIPAA COMPLIANT AUTHORIZATION FOR USE & DECLOSURE OF ENDIVIDUALLY IDENTIFIABLE AND PROTECTED HEALTH INFORMATION (*HEALTH ENDORMATION**

ENFORMATION
L PATIENT DINITUTCATION
PRINTED NAME: LONGING Anthony.
DATE OF BIRTH: 06/09/19/66 SOCIAL SECURITY NO.: 409-40-050
2. PERSONAL REPRESENTATIVE IDENTIFICATION
PRINTED NAME: TRIVED ANNO JOUNEY RELATIONSHIP: DOUGNHEY & Administrative Of Estate
ADDRESS: 4528 Wickers Pond Boad, Vernon, FL 32462
3. PERSONS/ORGANIZATIONS AUTHORIZED TO DISCLOSE HEALTH INFORMATION:
Kindred Hospitals Limited Partnership d/h/a Kindred Hospital - Chattanooga, c/o Registered Agent: CT Corporation System 300 Montvue Rd., Knoxville, TN 37919-5546
4. HEALTH INFORMATION TO BE DISCLOSED Including records/documents received from any other health care providing, therefore, or counseless.
PROM: All Records
Hospital, Nursing Home, Physician, Health Care Providers including but not limited to:
Consilers Emergency Medical Transport & Health Retaid
Complete Astrony Report, Autopsy Photographie & Textcology Report Complete Health Basserd freis Physician's Office or Chirle or Chiragracter
Complete Pharmacy/Prescription Record Complete Navadag Heter Record
Complete Paneral House Record Complete Darable Medical Equipment Record/Medical Supply Record
Complete Prosthetic Equipment & Within Record
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WITNESS AND/OR NOTARY PUBLIC

INENTIFIED BY PICTURE LD. ON THIS

SHANA SLOAN MY COMMISSION # GO 347544 EXPIRES: Jone 23, 2023

# HIPAA COMPLIANT AUTHORIZATION FOR USE & DISCLOSURE OF INDIVIDUALLY DENTIFIABLE AND PROTECTED REALTH INFORMATION ("HEALTH INFORMATION"

INFORMATION	
1. PATTENT	DINTIFICATION
א רושדוגו פע	IAME: Lorraine Anthony
ADDRESS:	AND TAILS
DATE OF E	18TH: 06 39 1936, SOCIAL SECURITY NO.: 409 -40 - 300
2. PERSONAL	REPRESENTATIVE DESCRIPTION
DD FATERY N	AMB: Jeves C Jounes
PRI ATION	SHIP: MUCHER & Administrative of Estate.
ADDRESS:	HIP: Daughter & Administrative of Estate 4528 Willers Pand Road, Vernon, I-L 30462
	RGANIZATIONS UTHORIZED TO DISCLOSE HEALTH INFORMATION:
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BILLING RECORDS; Complete Billing Ricord including on Iteration Statement

- S. THIS AUTHORIZATION IS NOT TO HE CONSTRUED AS MY CONSENT TO RELEASE ANY OF THE FOLLOWING RECORDS: DRUG AND/OR ALCOHOL ABUSE, AND/OR PSYCHIATRIC, AND/OR HIV/AIDS RECORDS.
- 6. PURPOSE OF DISCLOSURE/USE: CIVIL LITIGATION
- 7. TO WHOM AND WHERE TO SEND DISCLOSED HEALTH INFORMATION:

  I Assistive the disclosure and use of the Health Information described above to the following person(s) or engantization(s):

  c/o Registered Agent: CT Corporation System

  300 Montyue Rd.
- 4. RE-DISCHOSTIRE: I impleration discrimation disclosed by this Authorization may be exhibet to re-discharge by the recipients(s) and a character be protected by the Halph Insurance Pertubility and Associated by the recipients of the facilities; their employees, and efficers are hereby released from any liquid responsibility or liability for disclosure of the above information to the extent tadicated and authorized hereby.
- 9. Tible Limit & Right TO REVOKE AVIHORIZATION. Except to the extent that action has already been taken in reliance on this Anthorization, I understand this Anthorization is voluntary and that I may revoke it at any time by ministing a hottle in writing to the Recipt Controller or organization(s) providing the health following the least the occurrence of the following counts find conclusion of the nearlist civil case.
- 10. RIGHTS & SIGNATURE OF PATIENT OR PERSONAL EXPRESENTATIVE REQUESTING DISCLOSURE: I understand that I do not have to sign this Authorization and that my treatment or payment for survices will not be decided if I do not have to sign this Authorization and that my treatment or payment or copy the Health Information to be used or disclosed. I may see and receive a copy of this Authorization. I suffering the herein maned person and/or organization to disclose the Health information specified above. The information I am requesting may be sent by U.S. until services, expedibil small services (such as Federal Engran Fadina. United Parcel Service "UPS", etc.) and/or electronic facilities in accordance with the providers! facilitate policy. A facilitate, photo static, curbon or office singles of this Authorization are lettered and that be greated as an original.

FRINTED NAME: FRESA FRANE TOYNER

IF SIGNED BY SOMEONE OTHER THAN PATIENT, INDICATE RELATIONSHIP: DOUGHEY 2 Administry

THIS AUTHORIZATEON WAS SIGNED BY TOYNER TO DAY OF TOYNER WHO WAS

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SHANA SLOAN

SHANA SLOAN

MY COMMISSION & GG 247544

EXPIRES: June 23, 2023

# HIPAA COMPLIANT

AUTHORIZATION FOR USE & DISCLUSION D INDIVIDUALLY IDENTIFIABLE AND PROTECTED HEALTH INFOI INFORMATION?	MATION ("HEALTH
1. PATIENT IDENTIFICATION:	
PRINTED NAME: LONGING Anthony.	
DATE OF BIRTH: 06/89 1986 SOCIAL SECURITY NO.: 4	09-48-8508
2. PRODULTER SENTATIVE DESTRUCTION	
PRINTED NAME: TRIVER ANNO JOUNEY	
RELATIONSHIP: DOUGLAGE 3: Following Strating Of Estate	
PRINTED NAME: TRIVER AND COUNTRY OF ESCHE RELATIONSHIP: DOUGHACE ADDRESS: 4328 Wilders Pond Lacod, Vernon, Fl.	33463
3. PERSONS/ORGANIZATIONS AUTHORIZED TO DISCLASS HEALTH INPO	
Kindred Hospital - Chattanooga; Kindred Hospitals Limited Partnership d/b/a Kindred Hospital	- Chaltanooga: TriStar Centennia
Medical Center-HCA Health Services of Tennessee, Inc. d/h/a-TriStar Centennial Medical Center	- Jennifez A. Johnson, MD, TriSta
Centennial Medical Center Charles T. Brice. MD. Kindred Haspital - Chattanonga and Charles	L. Brice, MD., USA Medical Mall
4. HEALTH INFORMATION TO BE DISCLOSED Including records/documents other health care providers, therepists, or counselogs	received from any
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TO WHOM AND WHERE TO SEND DISCLOSED HEALTH INFORMATION. 1 A chicken the disclassive and use of the Months Information described above to the following persons) or Kindred Hospitals Limited Partnership d/b/s Kindred Hospital - Chattanonga erganization(f) : c/o Registered Agent: CT Corporation System

300 Montvue Rd.

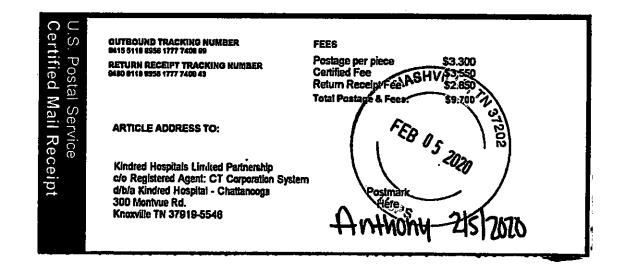
- Knorville, TN 37919-5546

  8. PE-DISCLOSURE: I condensissed the information disclosed by fills Authorization may be subject to sediscussive by the recipients(s) and a longer be protected by the Health Invarance Portubility and Accountability Act of 1996. The facilities, their employees, and efficers are hereby released from any high rememblility or lightly for disclosure of the above infurmation to the extent indicated and authorized
- 9. THAT I BUIT & RIGHT TO REVOKE AUTHORIZATION: Except to the extent that action has already boos taken in reliance on this Authorization, I understand this Authorization is voluntary and that I may revoke it at any time by submitting a hadge in writing to the Record Controllin or organization(s) providing the bealth information. Union revoked, this Asiliarkation will expire at the occurrence of the following ment: final conclusion of the pending civil case.
- 10. RIGHTS & SIGNATURE OF PATIENT OR PERSONAL REPRÉSENTATIVE. REQUESTING DIRCLOSURE: I understand that I do not have to den fills Authorization and that my treatment or payment for any loss will not be distalt I do not sign this form under specified above under Purpose of Request. I can impose of septy the Bealth Information to be used or distloyed. I may see and receive a copy of this Anthorfization. I authorize the herein manuel purson and/or expanization to discipee the Health Information specified above. The importantion I am requesting may be sent by U.S. mail services, expedited mail services (such as Rederal Repress "Foffer", United Parcel Service "UPS", etc.) and/or electronic frients in accommence with the providers' firstically policy. A familiable, photo static, carbon or other explan of the Antiboratedton are formatic and that be greated as an original.

SIGNATURE PRINTED NAME: IF SIGNED BY SOMEONE OTHER THAN PATIENT, INDICATE RELATIONSHIP. DOUGHEY & HOMINISHIN THE AUTHORIZATION WAS SIGNED BY TOURS ANNO TOURSE MENTIFIED BY FICTURE ID. ON THIS WITNESS AND/OR NOTARY PUBLIC SHANA SLOAN My Commission # 66 247544

EXPIRES: June 23, 2023

COMPLETE THIS SECTION ON DELIVERY SENDER: COMPLETE THIS SECTION ignature: ( ا Addressoger ا Agent) عراق Ensure items 1, 2, and 3 are completed. El Attach this card to the back of the mailplece, or on the front if space permits. C. Date of Delivery D.is delivery address different from item 19 If YES, enter delivery address below: 1. Article Addressed to: Kindred Hospitals Limited Partnership c/o Registered Agent: CT Corporation System d/b/a Kindred Hospital - Chattanooga 300 Montvue Rd. Knoxville TN 37919-5546 3. Service Type Certified Malle 9490 9118 9956 1777 7408 43 2./ mestic Return Receipt



#### IN THE CIRCUIT COURT OF HAMILTON COUNTY, TENNESSEE

Teresa Anne Joyner, as administratrix of the estate and on behalf of the wrongful death beneficiaries of Lorraine Anthony, deceased,

Plaintiff,

v.

Kindred Hospitals Limited Partnership d/b/a Kindred Hospital - Chattanooga,

Defendant.

Case No. 200620 Blank File Mark Creak Of the Control of the Contro

#### CERTIFICATE OF GOOD FAITH

Comes now the Plaintiff, Teresa Anne Joyner, as administratrix of the estate and on behalf of the wrongful death beneficiaries of Lorraine Anthony, deceased by and through counsel, and pursuant to T.C.A. § 29-26-122, and states as follows:

I have consulted with one (1) or more experts who have provided a signed written statement confirming that upon information and belief they:

- (A) Are competent under § 29-26-115 to express an opinion or opinions in the case; and
- (B) Believe, based on the information available from the medical records concerning the care and treatment of the plaintiff for the incident or incidents at issue, that there is a good faith basis to maintain the action consistent with the requirements of § 29-26-115.

I have no prior violations of this section.

## Respectfully Submitted,

## THE HIGGINS FIRM, PLLC

/s/ Benjamin J. Miller
BENJAMIN J. MILLER, BPR NO. 25575
RICHARD D. PILIPONIS, BPR NO. 16249
CARLY MACMILLAN, BPR NO. 35827
Attorneys for Plaintiff
525 4th Ave. South
Nashville, TN 37210
(615) 353-0930